## **2008 FOR PROFIT CORPORATION** ANNUAL REPORT

## May 02, 2008 08:00 AN Secretary of State DOCUMENT # P94000048880 1. Entity Name DAVID L. GOLDSTEIN, D.M.D., P.A. Principal Place of Business Mailing Address 7651 ASHLEY PARK COURT, STE. 409-410 7651 ASHLEY PARK COURT, STE. 409-410 ORLANDO, FL 32835 ORLANDO, FL 32835 No Chg-P CR2E034 (11/05) 04292008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3284630 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE GOLDSTEIN, DAVID L 7651 ASHLEY PARK COURT, STE. 409-410 IN THIS SPACE ORLANDO, FL 32835 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed rulime of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE GOLDSTEIN, DAVID L NAME STREET ADDRESS 7651 ASHLEY PARK COURT, STE. 409-410 CITY-ST-ZIP ORLANDO, FL 32835 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

FILED