

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham,  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P95000058061 (9)**

1. Corporation Name

**FLORIDA MEDICAL REVIEW, INC.**



Principal Place of Business

**1411 NO. FLAGLER DRIVE STE 7300  
WEST PALM BEACH FL 33401**

Mailing Address

**1411 NO. FLAGLER DRIVE STE 7300  
WEST PALM BEACH FL 33401**

3. Date Incorporated or Qualified

**07/25/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOLDBERG, ERIC J M.D.  
1411 NO. FLAGLER DRIVE STE 7300  
WEST PALM BEACH FL 33401**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** NAME **ERIC J. GOLDBERG M.D.** ☐ DELETE  
STREET ADDRESS **1411 N. FLAGLER DR. Suite**  
CITY-ST-ZIP **WEST PALM BEACH FL 33401 7300**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE ☐ DELETE

7.1 TITLE ☐ Change ☐ Addition

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY-ST-ZIP

TITLE ☐ DELETE

8.1 TITLE ☐ Change ☐ Addition

8.2 NAME

8.3 STREET ADDRESS

8.4 CITY-ST-ZIP

TITLE ☐ DELETE

9.1 TITLE ☐ Change ☐ Addition

9.2 NAME

9.3 STREET ADDRESS

9.4 CITY-ST-ZIP

TITLE ☐ DELETE

10.1 TITLE ☐ Change ☐ Addition

10.2 NAME

10.3 STREET ADDRESS

10.4 CITY-ST-ZIP

TITLE ☐ DELETE

11.1 TITLE ☐ Change ☐ Addition

11.2 NAME

11.3 STREET ADDRESS

11.4 CITY-ST-ZIP

TITLE ☐ DELETE

12.1 TITLE ☐ Change ☐ Addition

12.2 NAME

12.3 STREET ADDRESS

12.4 CITY-ST-ZIP

TITLE ☐ DELETE

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-ST-ZIP

TITLE ☐ DELETE

14.1 TITLE ☐ Change ☐ Addition

14.2 NAME

14.3 STREET ADDRESS

14.4 CITY-ST-ZIP

TITLE ☐ DELETE

15.1 TITLE ☐ Change ☐ Addition

15.2 NAME

15.3 STREET ADDRESS

15.4 CITY-ST-ZIP

TITLE ☐ DELETE

16.1 TITLE ☐ Change ☐ Addition

16.2 NAME

16.3 STREET ADDRESS

16.4 CITY-ST-ZIP

TITLE ☐ DELETE

17.1 TITLE ☐ Change ☐ Addition

17.2 NAME

17.3 STREET ADDRESS

17.4 CITY-ST-ZIP

TITLE ☐ DELETE

18.1 TITLE ☐ Change ☐ Addition

18.2 NAME

18.3 STREET ADDRESS

18.4 CITY-ST-ZIP

TITLE ☐ DELETE

19.1 TITLE ☐ Change ☐ Addition

19.2 NAME

19.3 STREET ADDRESS

19.4 CITY-ST-ZIP

TITLE ☐ DELETE

20.1 TITLE ☐ Change ☐ Addition

20.2 NAME

20.3 STREET ADDRESS

20.4 CITY-ST-ZIP

TITLE ☐ DELETE

21.1 TITLE ☐ Change ☐ Addition

21.2 NAME

21.3 STREET ADDRESS

21.4 CITY-ST-ZIP

TITLE ☐ DELETE

22.1 TITLE ☐ Change ☐ Addition

22.2 NAME

22.3 STREET ADDRESS

22.4 CITY-ST-ZIP

TITLE ☐ DELETE

23.1 TITLE ☐ Change ☐ Addition

23.2 NAME

23.3 STREET ADDRESS

23.4 CITY-ST-ZIP

TITLE ☐ DELETE

24.1 TITLE ☐ Change ☐ Addition

24.2 NAME

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24.4 CITY-ST-ZIP

TITLE ☐ DELETE

25.1 TITLE ☐ Change ☐ Addition

25.2 NAME

25.3 STREET ADDRESS

25.4 CITY-ST-ZIP

TITLE ☐ DELETE

26.1 TITLE ☐ Change ☐ Addition

26.2 NAME

26.3 STREET ADDRESS

26.4 CITY-ST-ZIP

TITLE ☐ DELETE

27.1 TITLE ☐ Change ☐ Addition

27.2 NAME

27.3 STREET ADDRESS

27.4 CITY-ST-ZIP

TITLE ☐ DELETE

28.1 TITLE ☐ Change ☐ Addition

28.2 NAME

28.3 STREET ADDRESS

28.4 CITY-ST-ZIP

TITLE ☐ DELETE

29.1 TITLE ☐ Change ☐ Addition

29.2 NAME

29.3 STREET ADDRESS

29.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

**300001797273**  
**-04/29/96--01015--032**  
**\*\*\*200.00**

CR2E034 (12/95)