

2008 FOR PROFIT CORPORATION ANNUAL REPORT

7/1

FILED
Sep 03, 2008 8:00 am
Secretary of State

07-11-2008 90015 003 ***150.00

DOCUMENT # P97000045248					
1. Entity Name ALAN A. GOLDBLATT, M.D., P.A.					
Principal Place of Business 2205 NW 40TH TERRACE STE. C GAINESVILLE, FL 32605			Mailing Address PMB 519, P.O. BOX 147050 GAINESVILLE, FL 32614		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3454889	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOLDBLATT, ALAN A M.D. 2205 NW TERRACE STE C GAINESVILLE, FL 32605			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRESIDENT ☐ Delete GOLDBLATT, ALAN A 2205 NW TERRACE STE. C GAINESVILLE, FL 32605		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SECRETARY ☐ Delete COTT, RALPH 2205 NW 40TH TERR STE C GAINESVILLE, FL 32605		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VICE PRESIDENT ☐ Delete RICH, JOEL 2205 NW 40TH TERR STE C GAINESVILLE, FL 32605		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EL-SALAWY, SHERIF - DIRECTOR ☐ Delete 2205 NW 40TH TERRACE STE C GAINESVILLE, FL 32605		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby 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 prepare 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 authority empowered.					
SIGNATURE: _____ PRESIDENT			7/1/08 352-375-0332		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					