

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000091491

1. Entity Name

RICHARD M. GOLDBERG, M.D. P.A.

FILED

Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90059 015 ***150.00

Principal Place of Business

Mailing Address

1960 STICKNEY POINT RD. SUITE 203
SARASOTA FL 34231

1960 STICKNEY POINT RD. SUITE 203
SARASOTA FL 34231-8858

2. Principal Place of Business

3. Mailing Address

4902 CHERRY LAUREL WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SARASOTA, FL

4. FEI Number

52-2121872

Applied For

Not Applicable

Zip

Country

Zip

Country

34241

U.S.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WINKLE, MARY E
3844 BEE RIDGE RD, SUITE 202
SARASOTA FL 34233

Name
William G. Lambrecht

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

200 S. Orange Avenue

City
Sarasota

FL

Zip Code
34236

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.

SIGNATURE

William G. Lambrecht

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Feb 4, 2000

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GOLDBERG, RICHARD M
1960 STICKNEY POINT RD, SUITE 203
SARASOTA FL 34231

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GOLDBERG, RICHARD M
4902 CHERRY LAUREL WAY
SARASOTA FL 34241

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard M. Goldberg RICHARD M. GOLDBERG 2/2/00 (941) 925-4489

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)