STREET ADDRESS

CITY-ST-ZIP

## AVVV VIIII VIIII I Apr 18, 2000 8:00 am Secretary of State DOCUMENT # **P99000050926** 1. Entity Name JONATHAN S. GOLDBERG, D.M.D. P.A. 01-29-2000 90001 008 \*\*\*150.00 Mailing Address Principal Place of Business 333 41ST ST., STE, 706 333 41ST ST., STE, 706 MIAMI BEACH FL 33140-3608 MIAMI BEACH FL 33140 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI, Number Applied For City & State City & State 09 Not Applicable \$8.75 Additional Country Ζlp Zip Country \_ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HERTZBERG, ROBERT D ESQ. Street Address (P.O. Box Number is Not Acceptable) 100 S.E. 2ND ST., STE. 3550 MIAMI FL 33131 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees П Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/99 Change ☐ Addition TITLE Delete TITLE GOLDBERG, JONATHAN S D.M.D. NAME NAME STREET ADDRESS STREET ADDRESS 333 41ST ST., STE. 706 CITY-ST-ZIP CHY-ST-ZIP MIAMI BEACH FL 33140 ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Change Addition | ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITS F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

7-20-01-120

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