

DOCUMENT # V64704
1. Entity Name
ROBERT T. GOODMAN, P.A.

Principal Place of Business
633 SE 3RD AVE.
SUITE 4-R
FT. LAUDERDALE FL 33301

Mailing Address
1610 NE 1ST STREET
UNIT # 1
FT. LAUDERDALE FL 33301

2. Principal Place of Business
2856 EAST OAKLAND PARK
BLVD.

3. Mailing Address
Suite, Apt. #, etc.

City & State
FORT LAUDERDALE, FL

City & State

Zip
33306-1814

Country
USA

-Zip

Country

6. Name and Address of Current Registered Agent
GOODMAN, ROBERT T.
633 SE 3RD AVE.
SUITE 4-R
FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
2856 EAST OAKLAND PARK BLVD.
City
FT. LAUDERDALE FL Zip Code
33306-1814

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.
ROBERT T. GOODMAN
SIGNATURE *Robert T. Goodman* PRESIDENT 1-4-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2001 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	PTSD GOODMAN, ROBERT T. 633 SE 3RD AVE., #4-R FT. LAUDERDALE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2856 EAST OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33306-1814
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

PRESIDENT
SIGNATURE: *Robert T. Goodman* ROBERT T. GOODMAN 1-4-01 or (954) 567-0045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90066 019 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)