

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 688243

**Entity Name:** JOEL H. GOLDBERG D.M.D., P.A.

**Current Principal Place of Business:**

6640 EMBASSY BLVD  
SUITE 1  
PORT RICHEY, FL 34668

**Current Mailing Address:**

6640 EMBASSY BLVD  
SUITE 1  
PORT RICHEY, FL 34668 US

**FEI Number:** 59-2022255

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GOLDBERG RAINES, LAUREN  
4203 S. LYNWOOD AVENUE  
TAMPA, FL 33611 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PD  
Name GOLDBERG, JOEL HDMD  
Address 6640 EMBASSY BLVD  
City-State-Zip: PORT RICHEY FL 34668

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOEL H GOLDBERG DMD

**PRESIDENT**

**02/28/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date