

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000016517

**Entity Name:** ROBERT B. GOLDSTEIN, M.D., P.A.

**Current Principal Place of Business:**

2180 PARK AVENUE NORTH  
324  
WINTER PARK, FL 32789

**Current Mailing Address:**

2180 PARK AVENUE NORTH  
324  
WINTER PARK, FL 32789 US

**FEI Number:** 51-0620223

**Certificate of Status Desired:** No

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

GOLDSTEIN, ROBERT B  
2180 PARK AVENUE NORTH  
324  
WINTER PARK, FL 32789 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:** ROBERT GOLDSTEIN

04/26/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRES  
Name            GOLDSTEIN, ROBERT B  
Address        2180 PARK AVENUE NORTH, SUITE  
                  324  
City-State-Zip: WINTER PARK FL 32789

Title            VP  
Name            GOLDSTEIN, ROBERT B  
Address        2180 PARK AVENUE NORTH, SUITE  
                  324  
City-State-Zip: WINTER PARK FL 32789

Title            SECR  
Name            GOLDSTEIN, ROBERT B  
Address        2180 PARK AVENUE NORTH, SUITE  
                  324  
City-State-Zip: WINTER PARK FL 32789

Title            TREA  
Name            GOLDSTEIN, ROBERT B  
Address        2180 PARK AVENUE NORTH, SUITE  
                  324  
City-State-Zip: WINTER PARK FL 32789

Title            DR  
Name            GOLDSTEIN, ROBERT B  
Address        2180 PARK AVENUE NORTH, SUITE  
                  324  
City-State-Zip: WINTER PARK FL 32789

Title            DR  
Name            GOLDSTEIN, ROBERT B  
Address        2180 PARK AVENUE NORTH, SUITE  
                  324  
City-State-Zip: WINTER PARK FL 32789

*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:** ROBERT B. GOLDSTEIN

**PRESIDENT**

04/26/2024

Electronic Signature of Signing Officer/Director Detail

Date