

**2017 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 BMD  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

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

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

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

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

Title           DR  
Name           GOLDSTEIN, ROBERT BMD  
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**

**04/14/2017**

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

\_\_\_\_\_  
Date