

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000016517

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

FILED
Apr 26, 2016
Secretary of State
CC2282989605

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

04/26/2016

Electronic Signature of Signing Officer/Director Detail

Date