FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT*

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J57872** **(0)**

1. Corporation Name

FEDERGREEN, HOFFMAN, MORDES, RITTER, SPEICHER & TRAYNOR, M.D.'S, P.A.

Principal Place of Business

1801 SE HILLMOOR DR
STE A110
PORT ST LUCIE FL 34952

Mailing Address

1801 SE HILLMOOR DR
STE A110
PORT ST LUCIE FL 34952

3. Date Incorporated or Qualified: **02/19/1987**

3a. Date of Last Report: **04/17/1995**

2. Principal Place of Business
21
Street, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Street, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-2758265** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HOFFMAN, DONALD B., PHD., M.D.
1801 SE HILLMOOR DR
STE A110
PORT ST. LUCIE FL 34952

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ D. O. Hoffman, MD DATE: 2/21/96
Signature of New or Successor Registered Agent, if changing — Name of New Registered Agent (typed or printed)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	D	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	FEDERGREEN,WARREN R. M.D		2 NAME	
STREET ADDRESS	1501 SE LENNARD RD		3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL		4 CITY-ST-ZIP	
TITLE	DP	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	HOFFMAN,DONALD B. PHD MD		2 NAME	
STREET ADDRESS	1801 SE HILLMOOR DR A110		3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL		4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	TRAYNOR, KEVIN M.M.D.		2 NAME	
STREET ADDRESS	1501 SE LENNARD RD		3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL		4 CITY-ST-ZIP	
TITLE	DVP	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	MORDES, DAVID B. M.D.		2 NAME	
STREET ADDRESS	417 BALBOA AVE		3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL		4 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	RITTER, WILLIAM S. M.D.		2 NAME	
STREET ADDRESS	417 BALBOA AVE		3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL		4 CITY-ST-ZIP	
TITLE	DT	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	SPEICHER, MATTHEW R.,M.D		2 NAME	
STREET ADDRESS	417 BALBOA AVE		3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL		4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ D. B. Hoffman, MD 2/21/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)