

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000007437

FILED
Jul 02, 2004
Secretary of State

Entity Name: I.A. FEINGOLD M.D. MEDICAL/LEGAL CONSULTATIONS, INC.

Current Principal Place of Business:

120 GAVILAN AVE
CORAL GABLES, FL 33143

New Principal Place of Business:

Current Mailing Address:

120 GAVILAN AVE
CORAL GABLES, FL 33143

New Mailing Address:

FEI Number: 42-1571092 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FEINGOLD, ALAN
120 GAVILAN AVE
CORAL GABLES, FL 33143

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FEINGOLD, ALAN
Address: 120 GAVILAN AVE
City-St-Zip: CORAL GABLES, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change () Addition
Name: FEINGOLD, ALAN
Address: 120 GAVILAN AVE
City-St-Zip: CORAL GABLES, FL 33143

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ALAN FEINGOLD

DR.

07/02/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date