

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000007437

**FILED**  
**Jan 19, 2011**  
**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:**

6200 SUNSET DRIVE  
SUITE 304  
MIAMI, FL 33143

**Current Mailing Address:**

120 GAVILAN AVE  
CORAL GABLES, FL 33143

**New Mailing Address:**

6200 SUNSET DRIVE  
SUITE 304  
MIAMI, FL 33143

FEI Number: 42-1571092

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FEINGOLD, ALLAN  
120 GAVILAN AVE  
CORAL GABLES, FL 33143 US

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

FEINGOLD, ALLAN  
6200 SUNSET DRIVE  
SUITE 304  
MIAMI, FL 33143 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

01/19/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: FEINGOLD, ALLAN DR.  
Address: 6200 SUNSET DRIVE, SUITE 304  
City-St-Zip: MIAMI, FL 33143

Title: PRES  
Name: FEINGOLD, ESTHER MRS.  
Address: 6200 SUNSET DRIVE, SUITE 304  
City-St-Zip: MIAMI, FL 33143

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: DR. ALLAN FEINGOLD

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

01/19/2011

\_\_\_\_\_  
Date