# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 24, 2011**
**Secretary of State**

DOCUMENT# P08000095991

**Entity Name:** FELDMAN ORTHOPEDIC AND WELLNESS CENTER OF FLORIDA, INC.

**Current Principal Place of Business:**

2910 KNIGHTS AVE.
ST PETERSBURG, FL 33611

**New Principal Place of Business:**

4362-4364 66TH STREET NORTH
KENNETH CITY, FL 33709

**Current Mailing Address:**

2910 KNIGHTS AVE.
ST PETERSBURG, FL 33611

**New Mailing Address:**

2910 KNIGHTS AVE.
TAMPA, FL 33611

**FEI Number: 26-3600562** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

FELDMAN, EDWARD N M.D.
2910 KNIGHTS AVE.
ST PETERSBURG, FL 33710 US

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

FELDMAN, EDWARD N M.D.
2910 KNIGHTS AVE.
TAMPA, FL 33611 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: _____ 03/24/2011

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: DR
Name: FELDMAN, EDWARD N
Address: 2910 KNIGHTS AVE.
City-St-Zip: TAMPA, FL 33611

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: EDWARD NEIL FELDMAN DR 03/24/2011

Electronic Signature of Signing Officer or Director — Date