

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000098799

1. Entity Name

DOUGLAS S. FELTMAN M.D. P.A.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90358 032 ***150.00

Principal Place of Business

2701 SOUTH BAYSHORE DRIVE
SUITE 305
COCONUT GROVE FL 33133

Mailing Address

2701 SOUTH BAYSHORE DRIVE
SUITE 305
COCONUT GROVE FL 33133

2. Principal Place of Business

2801 Ponce De Leon Blvd

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0725836

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FELTMAN, DOUGLAS S
2701 SOUTH BAYSHORE DRIVE
SUITE 305
COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent

Name DOUGLAS FELTMAN

Street Address (P.O. Box Number is Not Acceptable)
2801 Ponce De Leon Blvd #350

City CORAL GABLES

FL

Zip Code 33134

8. 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 Douglas S. Feltsman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

April 15, 2001

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FELTMAN, DOUGLAS S	
STREET ADDRESS	2701 SOUTH BAYSHORE DRIVE, SUITE 305	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELTMAN DOUGLAS S	
STREET ADDRESS	2801 Ponce De Leon Blvd #350	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DOUGLAS S FELTMAN

Date

Daytime Phone #

CR2E034 (10/00)