

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State

05-09-2000 90136 001 ***150.00

DOCUMENT # P98000108425

1. Entity Name
MICHAEL A. FEIERTAG, MD., PA.

Principal Place of Business Mailing Address
1818 HAWTHORNE STREET 1818 Hawthorne Street
SARASOTA, FL 34239 Sarasota FL 34239

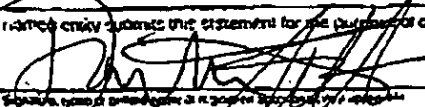
2. Principal Place of Business 3. Mailing Address
Sund. A.M. P. etc. Sund. A.M. P. etc.
City & State City & State
Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. Fil Number **65-0885134** Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DAVID M Silberstein
720 South Orange Ave
Sarasota FL 34236

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity adopts this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
SIGNATURE  6/1/00

9. This corporation is eligible to qualify as intangible tax filing requirement and elect to do so. (See chapter 69.030)
10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	President / ETT/D
STREET ADDRESS		STREET ADDRESS	Michael A. Feiertag
CITY-ST-ZIP		CITY-ST-ZIP	1818 Hawthorne Street
			Sarasota FL 34239
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

I hereby certify that the information furnished with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information is correct on this report or supplemental report as filed and accurate and that my signature shall have the same force and effect as if made under oath, that I am an officer or director of the corporation or the individual filing the above 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 affidavit, with all other persons empowered.

SIGNATURE:  4/17/00 - 941 365 0655

AD