

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000108425

**FILED**  
**Feb 11, 2011**  
**Secretary of State**

**Entity Name:** MICHAEL A. FEIERTAG, M.D., P.A.

**Current Principal Place of Business:**

5741 BEE RIDGE RD., STE 370  
SARASOTA, FL 34233

**New Principal Place of Business:**

6050 CATTLERIDGE BLVD  
2  
SARASOTA, FL 34232

**Current Mailing Address:**

5741 BEE RIDGE RD., STE 370  
SARASOTA, FL 34233

**New Mailing Address:**

6050 CATTLERIDGE BLVD  
2  
SARASOTA, FL 34232

FEI Number: 65-0885134

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STROUD, ROBERTS S  
BLALOCK, WALTERS, HELD & JOHNSON, P.A.  
802 11TH STREET WEST  
BRADENTON, FL 34205 US

**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

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: FEIERTAG, MICHAEL A  
Address: 6050 CATTLERIDGE BLVD STE 201  
City-St-Zip: SARASOTA, FL 34232

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: MICHAEL FEIERTAG

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02/11/2011

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

\_\_\_\_\_ Date