

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000007437

**Entity Name:** I.A. FEINGOLD M.D. MEDICAL/LEGAL CONSULTATIONS, INC.

**FILED**  
**Apr 02, 2015**  
**Secretary of State**  
**CC9672434322**

**Current Principal Place of Business:**

6200 SUNSET DRIVE  
SUITE 304  
MIAMI, FL 33143

**Current Mailing Address:**

6200 SUNSET DRIVE  
SUITE 304  
MIAMI, FL 33143

**FEI Number:** 42-1571092

**Certificate of Status Desired:** No

**Name and Address of Current 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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

Title            PRES  
Name            FEINGOLD, ESTHER MRS.  
Address        6200 SUNSET DRIVE, SUITE 304  
City-State-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

**PRESIDENT**

**04/02/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date