

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V73135

**FILED**  
**Jan 29, 2015**  
**Secretary of State**  
**CC6561397286**

**Entity Name:** STEVEN H. FEIT, D.M.D., P.A.

**Current Principal Place of Business:**

240 WEST PALMETTO PARK RD, STE 220  
BOCA RATON, FL 33432

**Current Mailing Address:**

3215 NW 63RD STREET  
BOCA RATON, FL 33496 US

**FEI Number:** 65-0363614

**Certificate of Status Desired:** No

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

FEIT, STEVEN H  
3215 NW 63RD STREET  
BOCA RATON, FL 33496 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	DP	Title	ST
Name	FEIT, STEVEN HOWARD	Name	FEIT, STEVEN HOWARD
Address	240 WEST PALMETTO PARK RD, STE 220	Address	240 WEST PALMETTO PARK RD, STE 220
City-State-Zip:	BOCA RATON FL 33432	City-State-Zip:	BOCA RATON FL 33432

*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:** STEVEN FEIT

**OWNER**

**01/29/2015**

Electronic Signature of Signing Officer/Director Detail

Date