

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000177619

Entity Name: HOWARD E. FEINGOLD, M.D., PLLC

Current Principal Place of Business:

516 LAKEVIEW RD STE 4
CLEARWATER, FL 33756

Current Mailing Address:

516 LAKEVIEW RD STE 4
CLEARWATER, FL 33756

FEI Number: 47-5369264

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FEINGOLD, HOWARD E MD
516 LAKEVIEW RD STE 4
CLEARWATER, FL 33756 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

Authorized Person(s) Detail :

Title MBR
Name FEINGOLD, HOWARD E MD
Address 516 LAKEVIEW RD STE 4
City-State-Zip: CLEARWATER FL 33756

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HOWARD FEINGOLD

MD

03/12/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date