

**2017 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

02/24/2017

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date