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**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 FEB 28 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 455525

(6)

1. Corporation Name

FEIGENBAUM, SMITH, RUBEN AND DURKIN, M.D., P.A.

Principal Place of Business

Mailing Address

**P.A.
570 MEMORIAL CIRCLE
ORMOND BEACH FL 32174-3038**

**P.A.
570 MEMORIAL CIRCLE
ORMOND BEACH FL 32174-3038**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/28/1974

3a. Date of Last Report

04/21/1994

4. FEI Number

58-1540782

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

28

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FEIGENBAUM, MARTIN S.
500 MEMORIAL CIRCLE
ORMOND BEACH FL**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

NAME

DURKIN, WALTER J

STREET ADDRESS

102 SHADY BRANCH TRAIL

CITY-ST-ZIP

ORMOND BEACH, FL 00000

11 TITLE

☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

TITLE

D

NAME

FEIGENBAUM, MARTIN S

STREET ADDRESS

75 BANYAN DRIVE

CITY-ST-ZIP

ORMOND BEACH, FL 00000

21 TITLE

☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

TITLE

T

NAME

FEIGENBAUM, MARTIN S

STREET ADDRESS

75 BANYAN DR

CITY-ST-ZIP

ORMOND BEACH, FL 00000

31 TITLE

☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

TITLE

D

NAME

SMITH, ALVIN E

STREET ADDRESS

63 SANDCASTLE DRIVE

CITY-ST-ZIP

DAYTONA BEACH, FL 00000

41 TITLE

☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

TITLE

S

NAME

RUBEN, STUART J

STREET ADDRESS

20 RIVER RIDGE TRAIL

CITY-ST-ZIP

ORMOND BEACH, FL 00000

51 TITLE

☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

61 TITLE

☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

M. S. FEIGENBAUM
M. S. FEIGENBAUM

2-21-95
Date

904-672-3642
Telephone (Area #)