

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 486079

FILED  
Jan 06, 2005  
Secretary of State

Entity Name: STANLEY M. FELDMAN, M.D., P.A.

**Current Principal Place of Business:**

3001 NW 49 AVE STE 305  
LAUDERDALE LAKES, FL 33313

**New Principal Place of Business:**

**Current Mailing Address:**

3001 NW 49 AVE STE 305  
LAUDERDALE LAKES, FL 33313

**New Mailing Address:**

FEI Number: 59-1616046

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FELDMAN, STANLEY M.  
3001 NW 49TH AVE  
SUITE 305  
FT LAUDERDALE, FL 33313 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: FELDMAN, STANLEY M.,  
Address: 3001 NW 49 AVE SUITE 305  
City-St-Zip: LAUDERDALE LAKES, FL

Title: PS ( ) Delete  
Name: FELDMAN, STANLEY M.,  
Address: 3001 NW 49 AVE SUITE 305  
City-St-Zip: LAUDERDALE LAKES, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: STANLEY M. FELDMAN

DR.

01/06/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date