FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR 28 PM 6:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **600603** **(5)**

1. Corporation Name
BURTON FEINERMAN, M.D., P. A.

Principal Place of Business	Mailing Address
~~631 N.W. 183 CT.~~ ~~MIAMI FL 33169-1409~~	~~631 N.W. 183 CT.~~ ~~MIAMI FL 33169-1409~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/26/1968**
3a. Date of Last Report: **01/19/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number / 5. Certificate of Status Desired / 6. Election Campaign Financing Trust Fund Contribution
21 9410 W. BROADVIEW DR	26 9410 W. BROADVIEW DRIVE	59-1230456 ☐ Applied For ☐ Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	☑ $8.75 Additional Fee Required
23 City & State: MIAMI FL	28 City & State: MIAMI FL	☐ $5.00 May Be Added to Fees
24 Zip: 33154-1924 25 County: DADE	29 Zip: 33154-1924 30 County: DADE	8. Has corporation had liability for intangibles under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FEINERMAN, BURTON 9410 W. BROADVIEW DRIVE MIAMI BEACH FL 33154	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: ~~Burton Feinerman, PRESIDENT~~ BURTON FEINERMAN, PRESIDENT ~~4/24/95~~
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	FEINERMAN, BURTON	12 NAME	
STREET ADDRESS	9410 W BROADVIEW DR	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	FEINERMAN, JUDITH	22 NAME	
STREET ADDRESS	9410 W. BROADVIEW DR.	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(i), 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: Burton Feinerman BURTON FEINERMAN, PRES. 4/24/95 305-866-0213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0184728 CP