## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 603696

(6)

MARTIN N. FEUERMAN, M.D., P.A.

| MAKTIN N. PEUEHMAN, M.U., F  | Mailing Address                     |   |   |                                   |
|--|-------------------------------------|---|---|-----------------------------------|
| 901 S. FEDERAL HWY.<br>HOLLYWOOD FL 33020  | 901 S. FEDERAL H<br>HOLLYWOOD FL 30 |   | ·   |                                   |
|  |                                     |   | 3. Date Incorporated or Qualified Sa. 08/14/1972        | Date of Last Report 01/17/1995    |
| Principal Place of Business  | 2a. Mailing Address                 |   | 4. FEI Number   | Applied For                       |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.                 |   | 59-1419771  | Not Applicable                    |
| Sure, Mr. 4, 610.  | 27                                  |   | 5, Certificate of Status Desired                        | \$8.75 Additional<br>Fee Required |
| City & State   | City & State                        |   | Election Campaign Financing     Trust Fund Contribution | \$5.00 May Be<br>Added to Fees    |
| Z <sub>[1]</sub> Country   | Zφ                                  | Country                                   | 8. This corporation has liability for intang            |                                   |
| 25   | 29                                  | 30  | Florida Statutes  |                                   |
| g. Name and Address of Curre   | nt Registered Agent                 | 81 Name                                   | 10. Name and Address of New Regist                      | ered Agent                        |
| COULEOWOED CHELDON I FOO   |                                     | l Name                                    |   |                                   |
| SCHLESINGER, SHELDON J., ESQ.<br>1212 S.E. 3RD AVENUE  |                                     | 82 Street Addr                            | ss (P.Ö. Box Number is Not Acceptable)                  |                                   |
| FT. LAUDERDALE FL 33336  |                                     | В3  |   |                                   |
| TT. ENOBERDALE TE 00000  |                                     |   |   |                                   |
|  |                                     | 84 City                                   |   | FL 85 Zip Code                    |
| in the production of the second contract of t | ND DIRECTORS                        | NOTE: Registered Apont signature requires | uwwn reinstahng) E<br>ADDITIONS/CHANGES TO OFFICER:     |                                   |
| P FEUERMAN, MARTIN N.  | ☐ DELETE                            | 1, 1 TITLE<br>1,2 NAME                    |   | Change Addition                   |
| 901 S. FEDERAL HWY.  |                                     | 1.3 STREET ADDRESS                        |   |                                   |
| ( ST ZIP HOLLYWOOD FL  |                                     | 1.4 C•TY • ST • Z•P                       |   |                                   |
| <b>S</b>   | ☐ DELETE                            | 2 1 TITLE                                 |   | Change Additio                    |
| WALTZMAN, RENEE F.   |                                     | 22 NAME                                   |   |                                   |
| -1 ADDRESS 126 STRATFORD RD.   |                                     | 23 STREET ADDRESS                         |   |                                   |
| S1-78 BROOKLYN NY  | D BELETC                            | 2 4 CITY - ST - ZIP                       |   | F3 01 F3 4466.                    |
| i<br>u   | ☐ DELETE                            | 3 1 THLE                                  |   | Change 🗀 Additio                  |
| TE   |                                     | 3.2 NAME<br>3.3 STREET AODRESS            |   |                                   |
| \$1.70   |                                     | 3 4 CITY-ST-ZIP                           |   |                                   |
| · · · · · · · · · · · · · · · · · · ·  | DELETE                              | 4 1 TITLE                                 |   | ☐ Change ☐ Addition               |
| ır .   |                                     | 4.2 NAME                                  |   |                                   |
| ELLADORESS   |                                     | 4.3 STREET ADDRESS                        |   | •                                 |
| i style  |                                     | 4 4 CITY - ST - ZIP                       |   |                                   |
|  | DELETE                              | 5 1 TITLE                                 |   | ☐ Change ☐ Additio                |
| f.   |                                     | 5 2 NAME                                  |   |                                   |
| EFT ADDRESS  |                                     | 5 3 STREET ADDRESS                        |   |                                   |
| r St. ZiP  | DELETE                              | 5 4 C(TY - ST - Z)P<br>6 1 T(TLE          |   | ☐ Change ☐ Additio                |
| K  |                                     | 62 NAME                                   |   |                                   |
| EFF ADORESS  |                                     | 63 STREET ADDRESS                         |   |                                   |
| x-S*-Z(P   |                                     | 64 CHY-S1-7IP                             |   |                                   |
| 4. I do hereby ce thy that the information supplied  |                                     |   |   |                                   |

SIGNATURE:

MOLLAGE A CLER SHEET OF DIGHT OF SIGNING OFFICER OR DIRE

WO OFFICER OR DIRECTOR WARTIN ON FEVERMAN / 16 96