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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 603696 1. Corporation Name

1999

FILED Jan 26, 1999 8:00am **Secretary of State**

01-26-1999 90008 013 ***150.00

MARTIN	N. FEUERMAN, M.D., P.A.				
Principal Place	of Business	, Mailing Address		I METIN THE STATE HAIR AND THE COURS OF STATE	+ B1841 B1811 61811 61811 61811 (66)
901 S. FEDERAL HOLLYWOOD FI		901 S. FEDERAL HWY. HOLLYWOOD FL 33020		DO NOT WRITE IN TH	IS SPACE .
	•			3. Date incorporated or Qualifed 08/14/1972	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	÷	26		59-1419771	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State City & State			6. Election Campaign Financing	\$5.00 May Be	
23	S. Carrier and Car	28		Trust Fund Contribution	Added to Fees
Zip `	Country	Zip	Country	8. This corporation owes the current year	
24	25	29 3	o	Personal Property Tax.	☐ Yes ☐ No
-	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registers	d Agent
			81 Name		
SCHLESINGER, SHELDON J., ESQ. 1212 S.E. 3RD AVENUE			82 Street Address (P.O. Box Number is Not Acceptable)		and the second second
"FT. L	LAUDERDALE FL 33336		83	· 人名格兰克 医二氏病 经营业	[1] [1] [1] [2] [2] [2] [3] [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4
		*	84 City		85 Zip Code
Ad Durainant	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	the above-named cor	poration submits this statement for the purpose	of changing its registered
office or r	egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was aut	horized by the corporat	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	pointment as registered
agent. I a	m tamiliar with, and accept the obligati	ons of, Section 607.0505, Fione	la Statutes.		
agent. I a		ons of, Section 607.0303, Florid		DATE	
agent. I a	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	tegistered Agent signature requir		AND DIRECTORS IN 12
agent. I all SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: F	tegistered Agent signature required 13.	ed when reinstating)	AND DIRECTORS IN 12 Change Addition
agent. I all SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: F	tegistered Agent signature requirements. 13. 1.1 TITLE	ou miles removalings,	
agent. I at SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND P FEUERMAN, MARTIN N.	and title if applicable. (NOTE: F	tegistered Agent signature requirements 1.1 TITLE 1.2 NAME	ou miles removalings,	
Agent. I at SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND P FEUERMAN, MARTIN N. 901 S. FEDERAL HWY.	and title if applicable. (NOTE: F	tegistered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ou miles removalings,	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND P FEUERMAN, MARTIN N.	and title if applicable. (NOTE: F	tegistered Agent signature requirements 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ou miles removalings,	
Agent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND P FEUERMAN, MARTIN N. 901 S. FEDERAL HWY. HOLLYWOOD FL 3302	and title if applicable. (NOTE: F	tegistered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ou miles removalings,	☐ Change ☐ Addition ☐ Change
Agent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND P FEUERMAN, MARTIN N. 901 S. FEDERAL HWY. HOLLYWOOD FL 33002 S WALTZMAN, RENEE F.	and title if applicable. (NOTE: F	tegistered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ou miles removalings,	☐ Change ☐ Addition ☐ Change
agent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND P FEUERMAN, MARTIN N. 901 S. FEDERAL HWY. HOLLYWOOD FL 3202 S WALTZMAN, RENEE F. 126 STRATFORD RD.	and title if applicable. (NOTE: F	registered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ou miles removalings,	☐ Change ☐ Addition ☐ Change
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this thing floes 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 rustee 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; plan an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS