2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

603696 **DOCUMENT #**

1. Entity Name

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

Principal Place of Business 901 S. FEDERAL HWY. HOLLYWOOD FL 33020				Mailing Address 901 S. FEDERAL HWY. HOLLYWOOD FL 33020					1, 197		
2. Principal Place of Business 3				3. Mailing Address				L LEBATE BAIN BRION NING BEITH (B)	E 8311 81811 1		
Suite, Apt.	. #, etc.		Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & Stat	te		City & State				4. 1	4. FEI Number 59-1419771			oplied For ot Applicable
Zlp Country			Zip		ntry	5. (3.75 Additional e Required	
- ~ ~ ~ 6. Name and Address of Current Registered Agent						-7. Name and Address of New Registered Agent					
	O. Hamo	una Address er earrei	t riogioto.	- Agum_		Name					
SCHLESINGER, SHELDON J., ESQ. 1212 S.E. 3RD AVENUE						Street Address (P.O. Box Number is Not Acceptable)					
ft. Laudi	erdale fl	33336									
						City			FL	Zip Cod	le
	named entity tions of regist		for the purp	ose of changing its	register	ed office or regis	stered ag	ent, or both, in the State of Flo	rida. I am	familiar with,	and accept
SIGNATURE	Signature, typed	or printed name of registered ager	nt and title if app	olicable. (NOT	E: Registere	d Agent signature requ	ired when re	einstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Ruke Check Payable to Florida Department of State								9. Election Campaign Fin Trust Fund Contribution	n.	☐ Added	0 May Be d to Fees
10.		OFFICERS AN	D DIRECTO	RS	11.		AD	DDITIONS/CHANGES TO OFF	CERS AN	D DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	901 S. FE	, martin n. Deral Hwy. Od fl 33020		☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	126 STRA	N, RENEE F. FORD RD. N NY 11218		□ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS				☐ Delete	TITL NAM STRI					☐ Change	☐ Addition

FILED Jan 10, 2003 8:00 am Secretary of State

01-10-2003 90090 023 ***150.00

12. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the regeiver or director of the corporation or director or director

SIGNATURE: