2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 10, 2006 08:00 AM **DOCUMENT #629034 Secretary of State** 1. Entity Name NEIL TURK FELDMAN, M.D., P.A. Mailing Address Principal Place of Business 2525 PASADENA AVE S, SUITE P 2525 PASADENA AVE S. SUITE P ST PETERSBURG, FL 33707 ST PETERSBURG, FL 33707 No Chg-P CR2E034 (11/05) 01102006 DO NOT WRITE IN THIS SPACE Applied For 4. FE) Number Not Applicable 59-1916739 \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent FELDMAN, NEIL T, MD DO NOT WRITE 2525 PASADENA AVE S. SUITE P ST. PETERSBURG, FL 33707 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signatute required when retrainting) DATE Signature, typed or purited name of registered agent and that it applicable Election Campaign Financing \$5.00 May Be H00000462001 FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees 03/21/06-80018-013 150.00 After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE FELDMAN, NEIL T MAME STREET ADDRESS 2525 PASADENA AVE S CHTY-ST-ZIP SAINT PETERSBURG, FL 33707 TITLE 114135 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP MANAF STREET ADORESS CITY-ST-ZIF NAME

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. 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 direction 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 10 or Block 11 changed, or on an attachmen address, with all other like empowered

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D