2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 629034

1. Entity Name
NEIL TURK FELDMAN, M.D., P.A.

Principal Place of Business	Mailing Address
2525 PASADENA AVE S, SUITE P	2525 PASADENA AVE S, SUITE P
ST PETERSBURG, FL 33707	ST PETERSBURG, FL 33707

DO NOT WRITE IN THIS SPACE
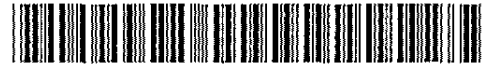
01132007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-1916739	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FELDMAN, NEIL T, MD
2525 PASADENA AVE S, SUITE P
ST. PETERSBURG, FL 33707

DO NOT WRITE 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

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

```
000000046759
03/06/07-80045-018 150.00
```

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FELDMAN, NEIL T
STREET ADDRESS	2525 PASADENA AVE S
CITY-ST-ZIP	SAINT PETERSBURG, FL 33707

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Neil T. Feldman MD 2/22/07   727 360 0853

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #