


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 11, 2008 08:00 A
Secretary of State**

DOCUMENT # 629034
1. Entity Name
NEIL TURK FELDMAN, M.D., P.A.



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

Mailing Address
2525 PASADENA AVE S, SUITE P
ST PETERSBURG, FL 33707



01182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1916739

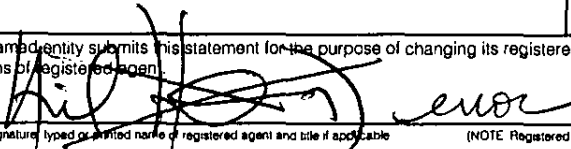
Applied For
Not Applicable

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:  DATE: 3/6/08

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FELDMAN, NEIL T 2525 PASADENA AVE S SAINT PETERSBURG, FL 33707
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03/27/08-80064-020 150.00

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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:  DATE: 3/6/08 DAYTIME PHONE #: 727 360 8553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR