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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Bandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 686708
1. Corporation Name
LARRYE M. FELDMAN, D.O., P.A.

(9)

FILED Apr 29 1998 8:00am Secretary of State



Mailing Address Principal Place of Business ONE SHERIDAN PLACE 3990 SHERIDAN STREET.#213 ONE SHERIDAN PLACE 3990 SHERIDAN STREET.#213 DO NOT WRITE IN THIS SPACE HOLLYWOOD FL 33021-3656 HOLLYWOOD FL 33021-3656 3. Date Incorporated or Qualified 09/01/1980 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2019914 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired X Fee Required 22 City & State City & State 8. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Zip Country 8. This corporation owes or has paid the current year intangible Yes ☐ No Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FELDMAN, LARRYE M., D.O. 3990 SHERNDAN ST Street Address (P.O. Box Number is Not Acceptable) **STE 213** 83 HOLLYWOOD FL 33021 City Zip Code 84 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and little if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ___ Addition DELETE Change TITLE 11 TITLE FELDMAN, LARRYE M., D.O. 1.2 NAME NAME 3990 SHERIDAN ST, STE 213 1.3 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ■ DELETE Change Addition 2.1 TITLE TITLE 22 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ■ Addition 3 1 TITLE TITI F 3.2 NAME MALE 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Change Addition ☐ DELETE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP ☐ Change Addition DELETE TITLE **6.1 TITLE** NAME **6.2 NAME** STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP

14. Thereby 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 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 trustee 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, or on an attachment with an address. LARRYS M. FOLDMAN, DO-PA

CICNIATURE.

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121/98 (954)963-1900