

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

102

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
97 SEP -2 AM 11: 17
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 692953 (3)

1. Corporation Name
THOMAS FEISTMANN, M.D., P.A.



Principal Place of Business 5405 OKEECHOBEE BLVD. SUITE 306 WEST PALM BEACH FL 33417	Mailing Address 5405 OKEECHOBEE BLVD. SUITE 306 WEST PALM BEACH FL 33417
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

3. Date Incorporated or Qualified 06/30/1981	3a. Date of Last Report 01/31/1996
4. FEI Number 59-2096145	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FEISTMANN, THOMAS
 5405 OKEECHOBEE BLVD., SUITE 306
 WEST PALM BEACH FL 33407**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	FEISTMANN, THOMAS	
STREET ADDRESS	5404 OKEECHOBEE BLVD, 306	
CITY-ST-ZIP	W PALM BCH, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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******165.00 ****165.00**

14. I do 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 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.

CR2E034 (4/97)

81897 FAL 838200

McGill, Roselli,
Ayala &
Hoppmann, P.A.



Certified Public Accountants

2135 South Congress Avenue, Suite 1C
West Palm Beach, Florida 33406-7685

2082

Ricardo D. Ayala
Erin E. Ganter
Vega D. Girodo
Robert D. Hoppmann
Miguel E. Molina
Daniel R. Roselli

Jeannette M. McGill (Retired)

Telephone: (407) 968-5455
Facsimile: (407) 968-6466

Florida Department of the State
Division of Corporations
ATTN: Annual Report
P.O. Box 6327
Tallahassee, FL 32314

August 28, 1997

RE: Thomas Feistmann, M.D., P.A.
FEIN: 59-2096145
FORM: Annual Report 1997

Dear Gentlemen,

We are in receipt of your second notice for filing the 1997 Profit Corporation Annual Report. The taxpayer mailed to your office, on January 1, 1997, the first notice including check #7430 in the amount of \$165.00. This check has not cleared as of this date, so the taxpayer is reissuing the State a check in the amount of \$165.00. Also included is a newly signed Annual Report for 1997.

Based on the information given, we ask that you please accept this Annual Report with the filing fee of \$165.00. Your cooperation in this matter is greatly appreciated. If more information is needed, please call us at (561) 968-5455.

Sincerely,

Ricardo D. Ayala, C.P.A.

RDA/tc
Enclosures