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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 692953

(3)

THOMAS FEISTMANN, M.D., P.A.

Principal Place of Business

5405 OKEECHOBEE BLVD.

Mailing Address

540\$ OKEECHOBEE BLVD. SUITE 306

FILED Jan 23 1998 8:00am Secretary of State



SUITE 306 DO NOT WRITE IN THIS SPACE WEST PALM BEACH FL 33417 WEST PALM BEACH FL 33417 3. Date Incorporated or Qualified 06/30/1981 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2096145 21 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing **\$5.00** May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes Yes □ No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name FEISTMANN, THOMAS 5405 OKEECHOBEE BLVD., SUITE 306 82 Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL FL 33407 84 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change DELETE Addition TITLE 1.1 TITLE FEISTMANN, THOMAS NAME 1.2 NAME 5404 OKEECHOBEE BLVD,306 STREET ADDRESS 1.3 STREET ADDRESS W PALM BCH, FL 00000 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ___ Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CMY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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)(f), 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 effort as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment of the corporation of the corp

SIGNATURE:

IGNATURA

(10/97 **CR2E034**

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