

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 692953

FILED
Feb 05, 2009
Secretary of State

Entity Name: THOMAS FEISTMANN, M.D., P.A.

Current Principal Place of Business:

5405 OKEECHOBEE BLVD.
SUITE 306
WEST PALM BEACH, FL 33417

New Principal Place of Business:

Current Mailing Address:

5405 OKEECHOBEE BLVD.
SUITE 306
WEST PALM BEACH, FL 33417

New Mailing Address:

FEI Number: 59-2096145 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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.

SIGNATURE: THOMAS FEISTMANN, M.D. 02/05/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FEISTMANN, THOMAS,
Address: 5405 OKEECHOBEE BLVD, 306
City-St-Zip: WEST PALM BEACH, FL 33417

Title: V () Delete
Name: FEISTMANN, ESTHER
Address: 5405 OKEECHOBEE RD BLD 306
City-St-Zip: WEST PALM BEACH, FL 33417

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS FEISTMANN, M.D. P 02/05/2009

Electronic Signature of Signing Officer or Director Date