

**2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Aug 10, 2010  
Secretary of State**

DOCUMENT# 692953

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 33407      US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

I hereby 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 all other like empowered.

SIGNATURE: THOMAS FEISTMANN

PRES

08/10/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date