

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: \$225 (IF DISSOLVED, REMAINING AMOUNT DUE TO REINSTATE: \$375)

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1994



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

94 JUL -5 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F09223 (1)

1. Corporation Name

ALFRED FEINGOLD, M.D. P.A.

Mailing Address
5310 MAGGIORE STREET
CORAL GABLES FL 33146

Principal Place of Business
5310 MAGGIORE STREET
CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/05/1980
3a. Date of Last Report 04/07/1993

4. FEI Number 59-2044632
Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required ☐
6. Election Campaign Financing Trust Fund Contribution ☐

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐
\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Mailing Address 21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25
2a. Principal Place of Business 26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

FEINGOLD, ALFRED
5310 MAGGIORE ST
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE

Signature of person or printed name of registered agent and title of agent

Signature of Registered Agent (signature required when registering)

Witness

12. OFFICERS AND DIRECTORS

11 TITLE P/S/T
12 NAME FEINGOLD, ALFRED
13 STREET ADDRESS 5310 MAGGIORE ST
14 CITY ST ZIP CORAL GABLES, FL 00000

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

13. CHANGES TO OFFICERS AND DIRECTORS IN 1994

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 617.0502 and 617.1508, 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Alfred Feingold
PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/94