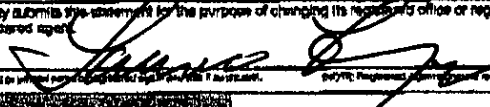
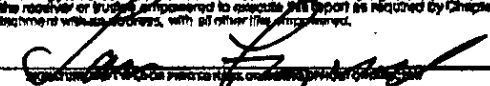


FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90125 034 ***158.75

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F17785			
1. Entity Name LAURENCE FEINGOLD PROFESSIONAL ASSOCIATION			
Principal Place of Business 407 LINCOLN ROAD SUITE 708 MIAMI BEACH, FL 33139		Mailing Address 10801 SW 55 AVE MIAMI, FL 33156 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 708		Suite, Apt. #, etc. 708	
City & State MIAMI BEACH		City & State MIAMI BEACH	
Zip	Country	Zip	Country
33139	US	33139	US
4. Name and Address of Current Registered Agent		5. Name and Address of New Registered Agent	
FEINGOLD, LAURENCE 10801 SW 55 AVE MIAMI, FL 33156		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
407 LINCOLN RD SUITE 708 MIAMI BEACH 33139			
6. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		2/25/03	
7. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FEINGOLD, LAURENCE 407 LINCOLN RD 6708 MIAMI BEACH, FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 507, Florida Statutes; and that my name appears in block 10 or block 11 if changed, or on an attachment without address, with all other filers empowered.			
SIGNATURE: 		2/25/03 305- 638-1686	

90037767

03/28/04 (10:00)