

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90138 021 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F31172**

1. Corporation Name
DR. BARRY FEINGOLD, P.A.



Principal Place of Business
 2578 MAYFAIR LANE
 WESTON FL 33327
 US

Mailing Address
 2578 MAYFAIR LANE
 WESTON FL 33327
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/17/1981

4. FEI Number **59-2088850** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing **\$5.00** May Be Added to Fees
 Test Fund Contribution

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 **5100 NOCCAN BLVD**
 Suite, Apt. #, etc. **1617**
 22 **LAUDERDALE BY THE SEA**
 City & State
 Zip **33308** Country **FLORIDA**

2a. Mailing Address
 26 **5100 NOCCAN BLVD**
 Suite, Apt. #, etc. **1617**
 27 **LAUDERDALE BY THE SEA**
 City & State
 Zip **33308** Country **FLORIDA**

9. Name and Address of Current Registered Agent
FEINGOLD, BARRY (DR)
2578 MAYFAIR LANE
FT LAUDERDALE FL 33327

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, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | DELETED |
|----------------------------|-----------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | FEINGOLD, BARRY (DR) | |
| STREET ADDRESS | 2578 MAYFAIR LANE | |
| CITY-ST-ZIP | FT LAUDERDALE FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | Change | Addition |
|---|---------------------------------------|-------------------------------------|--------------------------|
| 1.1 TITLE | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 1.2 NAME | | | |
| 1.3 STREET ADDRESS | 5100 N OCEAN BLVD #1617 | | |
| 1.4 CITY-ST-ZIP | LAUDERDALE BY THE SEA FL 33308 | | |
| 2.1 TITLE | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2.2 NAME | | | |
| 2.3 STREET ADDRESS | | | |
| 2.4 CITY-ST-ZIP | | | |
| 3.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 NAME | | | |
| 3.3 STREET ADDRESS | | | |
| 3.4 CITY-ST-ZIP | | | |
| 4.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 NAME | | | |
| 4.3 STREET ADDRESS | | | |
| 4.4 CITY-ST-ZIP | | | |
| 5.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY-ST-ZIP | | | |
| 6.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.2 NAME | | | |
| 6.3 STREET ADDRESS | | | |
| 6.4 CITY-ST-ZIP | | | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]** DATE: **3/10/99** Daytime Phone # _____

CR2E034 (11/98)