

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J57872** (0)

1. Corporation Name
FEDERGREEN, HOFFMAN, MORDES, RITTER, SPEICHER & TRAYNOR, M.D.'S, P.A.

Principal Place of Business
**1801 SE HILLMOOR DR
STE A110
PORT ST LUCIE FL 34952**

Mailing Address
**1801 SE HILLMOOR DR
STE A110
PORT ST LUCIE FL 34952**

FILED
Sep 09 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

02/19/1987

4. FEI Number

59-2758265

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**HOFFMAN, DONALD B., PH.D., M.D.
1801 SE HILLMOOR DR
STE A110
PORT ST. LUCIE FL 34952**

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:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **FEDERGREEN, WARREN R. M.D.**
STREET ADDRESS **1501 SE LENNARD RD**
CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

TITLE **DP** ☐ DELETE
NAME **HOFFMAN, DONALD B. PHD MD**
STREET ADDRESS **1801 SE HILLMOOR DR A110**
CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

TITLE **D** ☐ DELETE
NAME **TRAYNOR, KEVIN M.M.D.**
STREET ADDRESS **1501 SE LENNARD RD**
CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

TITLE **DVP** ☐ DELETE
NAME **MORDES, DAVID B. M.D.**
STREET ADDRESS **417 BALBOA AVE**
CITY-ST-ZIP **STUART FL**

TITLE **DS** ☐ DELETE
NAME **RITTER, WILLIAM S. M.D.**
STREET ADDRESS **417 BALBOA AVE**
CITY-ST-ZIP **STUART FL**

TITLE **DT** ☐ DELETE
NAME **SPEICHER, MATTHEW R. M.D.**
STREET ADDRESS **417 BALBOA AVE**
CITY-ST-ZIP **STUART FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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.

SIGNATURE:

SIGNATURE REQUIRED **D. B. Hoffmann** **MD** **9/30/98**

5613353500

CR2E034 (5/98)