05101999-90280-008-$150.00-$150.00

PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
May 10, 1999 8:00 am
Secretary of State
05-10-1999 90280 008 ***150.00

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

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

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 02/19/1987
4. FEI Number: 59-2758265
5. Certificate of Status Desired: $8.75
6. Election Campaign Financing Trust Fund Contribution: $5.00
8. This corporation owes the current year Intangible Personal Property Tax: X yes

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HOFFMAN, DONALD B., PHD., 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: 4/27/99
Signature, if there is printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FEDERGREEN,WARREN R. M.D	1.2 NAME	
STREET ADDRESS	1501 SE LENNARD RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	1.4 CITY-ST-ZIP	
TITLE	DP ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HOFFMAN,DONALD B. PHD MD	2.2 NAME	
STREET ADDRESS	1801 SE HILLMOOR DR A110	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	TRAYNOR, KEVIN M.M.D.	3.2 NAME	
STREET ADDRESS	1501 SE LENNARD RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	3.4 CITY-ST-ZIP	
TITLE	DVP ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MORDES, DAVID B. M.D.	4.2 NAME	
STREET ADDRESS	417 BALBOA AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP	
TITLE	DS ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	RITTER, WILLIAM S. M.D.	5.2 NAME	
STREET ADDRESS	417 BALBOA AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	5.4 CITY-ST-ZIP	
TITLE	DT ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	SPEICHER, MATTHEW R.,M.D	6.2 NAME	
STREET ADDRESS	417 BALBOA AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not change or be contrary to Section [illegible] 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 information as required.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR