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

DOCUMENT # J57872

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

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 taxes for Personal Property Tax: X

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

30

9. Name and Address of Current Registered Agent

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

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: _____ 4/27/99

Signature, address and printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 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 electronic 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR AUTHORIZED AGENT