

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M48301

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: THEODORE FELDMAN, M.D., P.A.

## Current Principal Place of Business:

% THEODORE FELDMAN  
4685 PONCE DE LEON BLVD.  
CORAL GABLES, FL 331462132

## New Principal Place of Business:

% THEODORE FELDMAN  
7400 SW 87TH AVE STE 100  
MIAMI, FL 33173

## Current Mailing Address:

% THEODORE FELDMAN  
4685 PONCE DE LEON BLVD.  
CORAL GABLES, FL 331462132

## New Mailing Address:

% THEODORE FELDMAN  
7400 SW 87TH AVE STE 100  
MIAMI, FL 33173

FEI Number: 59-2789615

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FELDMAN, THEODORE  
4685 PONCE DE LEON BLVD.  
CORAL GABLES, FL US

## Name and Address of New Registered Agent:

FELDMAN, THEODORE  
7400 SW 87TH AVE STE 100  
MIAMI, FL 33173 US

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.

SIGNATURE:

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: FELDMAN, THEODORE  
Address: 4685 PONCE DE LEON BLVD.  
City-St-Zip: CORAL GABLES, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: FELDMAN, THEODORE  
Address: 7400 SW 87TH AVENUE STE 100  
City-St-Zip: MIAMI, FL 33173

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THEODORE FELDMAN, M.D.

D

04/15/2009

Electronic Signature of Signing Officer or Director

Date