

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT



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

1996 **B-0545**

**(4)**

DOCUMENT # **M86418**

1. Corporation Name

**MARTIN FEINROTH, M.D., P.A.**



Principal Place of Business

Mailing Address

% MARTIN FEINROTH  
3870 SHERIDAN STREET  
HOLLYWOOD FL 33021-0634

% MARTIN FEINROTH  
3870 SHERIDAN STREET  
HOLLYWOOD FL 33021-0634

2. Principal Place of Business  
21 **1150 N. 35TH AVENUE**

2a. Mailing Address  
26 **1150 N. 35TH AVENUE**

Suite, Apt. #, etc.  
22 **SUITE 660**

Suite, Apt. #, etc.  
27 **SUITE 660**

City & State  
23 **HOLLYWOOD, FL**

City & State  
28 **HOLLYWOOD, FL**

Zip  
24 **33021-5424** Country  
25 **USA**

Zip  
29 **33021-5424** Country  
30 **USA**

3. Date Incorporated or Qualified

**06/22/1988**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**65-0056991**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**FEINROTH, MARTIN  
3870 SHERIDAN STREET  
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

81 Name **FEINROTH, MARTIN**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1150 N. 35TH AVENUE**  
83 **SUITE 660**  
84 City **HOLLYWOOD** FL 85 Zip Code **33021-5424**

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 607.0504, Florida Statutes.

SIGNATURE

*Martin Feinroth*

**MARTIN FEINROTH, DIRECTOR & PRESIDENT**

**1/24/96**

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 ☐ DELETE

NAME **DP**  
STREET ADDRESS **FEINROTH, MARTIN**  
**3870 SHERIDAN STREET**  
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE ☒ DELETE

NAME **D**  
STREET ADDRESS **FEINROTH, DIANE B**  
**3870 SHERIDAN ST.**  
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS **1150 N. 35TH AVENUE, SUITE 660**  
1.4 CITY-ST-ZIP **HOLLYWOOD, FL 33021-5424**

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Martin Feinroth*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARTIN FEINROTH**

**1/24/96**

**(954) 989-9553**  
Daytime Phone #

CR2E034 (12/95)