2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M86418

City-St-Zip:

HOLLYWOOD, FL

Entity Name: MARTIN FEINROTH, M.D., P.A.

FILED Aug 16, 2002 Secretary of State

Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
1150 N 35T SUTIE 660 HOLLYWO		215424 US			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
1150 N. 357 SUITE 660 HOLLYWO		E 1215424 US			
FEI Number: (65-0056991	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of I	Name and Address of New Registered Agent:	
FEINROTH 1150 N. 35T SUITE 660 HOLLYWO	H AVENUE				
The above r		y submits this statement for the	e purpose of changing its registered of	office or registered agent, or both,	
SIGNATUR	E:				
	Electr	onic Signature of Registered A	gent	Date	
		to satisfy its Intangible Tax filing roing Trust Fund Contribution ().	equirement and elects to do so (X).		
OFFICERS	AND DIRE	CTORS:	ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address:	FEINROTH, N	() Delete //ARTIN, HAVENUE, SUITE 660	Title: (Name: Address:) Change ()Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARTIN FEINROTH DP 08/16/2002