


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90080 042 ***150.00

DOCUMENT # P02000095195

1. Entity Name
 ALAN D. FELDMAN, M.D., P.A.



Principal Place of Business Mailing Address

12600 SEMINOLE BLVD 12600 SEMINOLE BLVD
 BLDG ~~555~~ C BLDG ~~555~~
 LARGO, FL 33778 LARGO, FL 33778

2. Principal Place of Business 3. Mailing Address

12600 SEMINOLE 12600 SEMINOLE
 SUITE APT. #, ETC. SUITE APT. #, ETC.
 SUITE C-1 SUITE C-1

City & State City & State

LARGO FLORIDA LARGO FLORIDA

Zip Country Zip Country

33778 33778



02092004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

04-3710580 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAYMOND, J. PAUL
 625 COURT STREET STE 200
 CLEARWATER, FL 33759

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11 | |
|----------------------------|--|--|--|
| TITLE | PD FELDMAN, ALAN D 1736 PINE CREEK COURT SAFETY HARBOR, FL 34695 | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY - ST - ZIP | | CITY - ST - ZIP | |
| TITLE | DS RAYMOND, J. PAUL 400 CLEVELAND STREET STE 900 CLEARWATER, FL 34615 | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY - ST - ZIP | | CITY - ST - ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY - ST - ZIP | | CITY - ST - ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY - ST - ZIP | | CITY - ST - ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY - ST - ZIP | | CITY - ST - ZIP | |

12. 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 report or supplemental 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 thereof; that I am empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other officers empowered.

SIGNATURE: X _____ DATE: X 04-08-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr