

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000095195

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



Principal Place of Business

12600 SEMINOLE  
STE. C1  
LARGO, FL 33778

Mailing Address

12600 SEMINOLE  
STE. C1  
LARGO, FL 33778



02022005 No Chg-P CR2E034 (10/03)

4. FEI Number  
04-3710580

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

RAYMOND, J. PAUL  
625 COURT STREET STE 200  
CLEARWATER, FL 33756

**DO NOT WRITE  
IN THIS SPACE**

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

*Alan D. Feldman*  
Signature, typed or printed name of registered agent and title if applicable.

President

(NOTE: Registered Agent signature required when reinstating)

03-03-05

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME FELDMAN, ALAN D  
STREET ADDRESS 1736 PINE CREEK COURT  
CITY- ST- ZIP SAFETY HARBOR, FL 34695

TITLE DS  
NAME RAYMOND, J. PAUL  
STREET ADDRESS 400 CLEVELAND STREET STE 900  
CITY- ST- ZIP CLEARWATER, FL 34615

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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CITY- ST- ZIP

U000000255904  
03/08/05-80034-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 or trustee 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 like empowered.

SIGNATURE:

*Alan D. Feldman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

03-03-05

Date

Daytime Phone #