

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90044 047 ***150.00

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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



2. Principal Place of Business - No P.O. Box #

10333 Seminole Blvd.
Suite 3

3. Mailing Address

10333 Seminole Blvd.
Suite 3

City & State

Largo, FL 33778

City & State

Largo, FL

Zip

33778-4204

Country

USA

Zip

33778-4204

Country

USA

4. FE Number

04-3710580

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

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

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

Signature, typed or printed name of registered agent and fee. (Indicate fee.)

(NOTE: Registered Agent sign (turn over) when submitting.)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 law empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-23-08 (727) 392-0199