## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000095195

City-St-Zip: CLEARWATER, FL 34615

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

FILED Feb 18, 2009 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
10333 SEN	MINOLES BLVI				
SUITE 3					
LARGO, F	L 337784204				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
SUITE 3	MINOLES BLV	)			
LARGO, F	L 337784204				
FEI Number	: 04-3710580	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	l Address of C	urrent Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
625 COUF	D, J. PAUL RT STREET ST ATER, FL 3375				
	e named entity s e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electron	ic Signature of Registered Ag	gent	Date	
Election Ca	mpaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () FELDMAN, ALA 1736 PINE CRE SAFETY HARBO	EEK COURT	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	RAYMOND, J. F	Delete PAUL ID STREET STE 900	Title: Name: Address:	( ) Change ( ) Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ALAN D. FELDMAN, MD OFFI 02/18/2009