

PO4000103413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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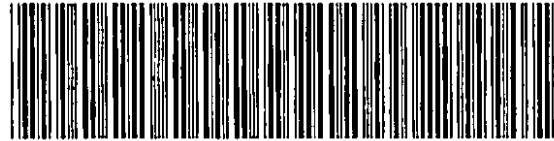
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 03 2017

S. YOUNG

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DAVID R FELDMAN MD PA
Name of Corporation

DOCUMENT NUMBER: P04000105413

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID R. FELDMAN
Name of Contact Person

DAVID R FELDMAN MD PA
Firm/Company

8120 MAN O WAR RD
Address

PALM BCH GARDENS, FL 33418
City/State and Zip Code

feldruss@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID FELDMAN at 561,351-0776
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of FL
in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: DAVID R FELDMAN MD PA
2. The principal office address: 8120 MANO WTR RD
PALM BCH GARDENS FL 33418
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 7/16/2004 Document number: P04000105413
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State: (If resigned, enter resigned)

ROBERT B SAYER
8413 SE HAMMOCK DR
HOBE SOUND FL 33455

6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

PATRICIA NELSON CPA
2351 W EUGALLIE BLVD #7
MELBOURNE, FL 32935

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

DAVID R FELDMAN MD
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity,
I further agree to comply with the provisions of all statutes relative to the proper and complete
performance of my duties, and I am familiar with and accept the obligation of my position as registered
agent. Or, if this document is being filed merely to reflect a change in the registered office address, I
hereby confirm that the corporation has been notified in writing of this change.

(PR) Patricia Nelson (by) [Signature]
Signature of Registered Agent

9/26/17
Date

If signing on behalf of an entity:

DAVID R FELDMAN
Typed or Printed Name

*** FILING FEE: \$35.00 ***

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TALLAHASSEE, FLORIDA