2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000050217

1. Entity Name
HAROLD M. FEINBERG PA

Principal Place of Business
2840 TUSKET AVE
NORTH PORT, FL 34286

Mailing Address
2840 TUSKET AVE
NORTH PORT, FL 34286

DO NOT WRITE IN THIS SPACE

04032008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1159451

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FEINBERG, HAROLD
2840 TUSKET AVE
NORTH PORT, FL 34286

DO NOT WRITE IN THIS SPACE

8. The above named entity submits the 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 title if applicable) (NOTE: Registered Agent signature required when name/address) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

U000000921992
05/15/08-80029-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FEINBERG, HAROLD M
STREET ADDRESS	2840 TUSKET AVE
CITY-ST-ZIP	NORTH PORT, FL 34286
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 4/23/08 941-429-9044
Signature of or Typed or Printed Name of Individual Officer or Director Date Daytime Phone #

IMPORTANT INSTRUCTIONS

- Make check payable to Florida Department of State.
  Check must be payable in United States Funds and through a United States Bank.
- Submit report with a separate check for each filing.
- **The fee to file the profit annual report is $150.00. If a certificate of status is desired, please add an additional $8.75. Only one certificate may be requested.**
- Certificates will be mailed to the entity's mailing address only.
- Sign report in block 12.

Mail completed report to:

Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

Courier Address: (overnight delivery)
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Questions?

Phone: (850) 245-6056
Hearing/Voice Impaired may call (850) 245-6096 (TDD)

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will dissolve/revoke the entity if a replacement payment with service charge and report are not resubmitted within the prescribed time frame.

No Chg-P CR2E034 (11/05)

FILED
Apr 25, 2008 08:00 AM
Secretary of State