

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000095991

FILED
Apr 11, 2012
Secretary of State

Entity Name: FELDMAN ORTHOPEDIC AND WELLNESS CENTER OF FLORIDA, INC.

Current Principal Place of Business:

6100 PARK BLV SUITE A
PINELLAS PARK, FL 33781

New Principal Place of Business:

Current Mailing Address:

2910 KNIGHTS AVE.
TAMPA, FL 33611

New Mailing Address:

6100 PARK BLV SUITE A
PINELLAS PARK, FL 33781

FEI Number: 26-3600562

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FELDMAN, EDWARD N M.D.
2910 KNIGHTS AVE.
TAMPA, FL 33611 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DR
Name: FELDMAN, EDWARD N
Address: 2910 KNIGHTS AVE.
City-St-Zip: TAMPA, FL 33611

I hereby 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 all other like empowered.

SIGNATURE: EDWARD N . FELDMAN M. D.

DR

04/11/2012

Electronic Signature of Signing Officer or Director

Date