FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000070873 (3)

FILED Jan 30 1998 8:00am Secretary of State

LARRY	' J. FEINMAN, D.O., P.A.	(0)			
Principal Plac	ce of Business	Mailing Address	·		
9325 SEMINOLE BLVD. SEMINOLE FL 34642 SEMINOLE FL 34642				DO NOT HIDITE IN THE	epace.
				DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	SPACE
				10/12/1993	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3204984	Not Applicab
Suite, Apt.	•	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
zip 24 3377	Country 25	202222	Country	8. This corporation owes or has paid the cu	
4 337	9. Name and Address of Curre		30	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
FF	INMAN, SHERYL N		81 Name	10. Hame and received or New Heightered	Agene
	25 SEMINOLE BLVD.		82 Street Add	ross (B.O. Bay Number is Not Assessable)	
SEMINOLE FL 34642			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		85 Zip Code
				FL	_ '
	registered agent, or both, in the State am familiar with, and accept the oblig	oz and 607.1808, Florida Statute e of Florida. Such change was a pations of, Section 607.0505, Flor pations	uthorized by the corporal rida Statutes.	poration submits this statement for the purpose of tion's board of directors. I hereby accept the applications are supported to the contract of the contract o	or changing its registered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE	: Registered Agent signature requir	red when reinstating) DATE	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS ANI	D DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE		Change Addition
NAME	FEINMAN, LARRY J		1.2 NAME		
STREET ADDRESS	9325 SEMINOLE BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL 34642		1.4 CITY-ST-ZIP		
TATLE	T STABLAN SUEDIG N	DELETE	2.1 TITLE		Change Addition
NAME	FEINMAN, SHERYL N		2.2 NAME		
STREET ADDRESS	9325 SEMINOLE BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL 34642	1 I per me	2. 4 CITY - ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME STREET ADDRESS			3.2 NAME		
CITY - ST - ZIP			3.3 STREET ADDRESS		
MILE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	-	☐ Change ☐ Addition
		E OLLEN	4, 2 NAME		Li Citalige Li Audition
1 1			4. 2 NAME 4.3 STREET ADDRESS		
N :			4.4 CITY-ST-ZIP		
		DELETE	5.1 TITLE		Change Addition
			5.2 NAME		
:			5.3 STREET ADDRESS		
*,			5.4 CITY-ST-ZIP		
		☐ DELETE	6.1 T/TLE		Change Addition
	•		6.2 NAME		
	<i>z</i>		6.3 STREET ADDRESS		
			6.4 CITY - ST - ZIP		

he Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an the corporation or the receiver trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in stiff changed, or on an account of the receiver of the receiv

CR2E034 (10/97)