01/04/1994 20:21 813-3920124 LARRY FEINM

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

FILED
Jul 21, 1999 8:00 am
Secretary of State
07-21-1999 90003 050 ***550.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000070873**

1. Corporation Name
LARRY J. FEINMAN, D.O., P.A.

Principal Place of Business
9325 SEMINOLE BLVD.
SEMINOLE FL 33772
US

Mailing Address
9325 SEMINOLE BLVD.
SEMINOLE FL 33772
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 30

3. Date Incorporated or Qualified
10/12/1993

4. FEI Number
59-3204984
☐ Applied For
☐ Not Applicable

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

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

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
FEINMAN, SHERYL N
9325 SEMINOLE BLVD.
SEMINOLE FL ~~34642~~ 33772

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Sheryl Feinman DATE
(Type or printed name of registered agent and title if applicable) (Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	11 TITLE		☒ Change ☐ Addition
NAME	FEINMAN, LARRY J		12 NAME		
STREET ADDRESS	9325 SEMINOLE BLVD.		13 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL 34642		14 CITY-ST-ZIP	33772	
TITLE	T	☐ DELETE	21 TITLE		☒ Change ☐ Addition
NAME	FEINMAN, SHERYL N		22 NAME		
STREET ADDRESS	9325 SEMINOLE BLVD.		23 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL 34642		24 CITY-ST-ZIP	33772	
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

14. I hereby certify that the 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 indicated on this annual 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sheryl Feinman Sheryl N Feinman 1/27/99 727-398-6588
(Signature and Typed or Printed Name of Signing Officer or Director) Date Daytime Phone #