

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000000124

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: ROBERT FELDMAN, M.D., P.A.

## Current Principal Place of Business:

1511 SW 1ST AVENUE  
OCALA, FL 34474 US

## New Principal Place of Business:

1511 SW 1ST AVENUE  
OCALA, FL 34471 US

## Current Mailing Address:

P O DRAWER 3130  
OCALA, FL 34478 US

## New Mailing Address:

FEI Number: 59-3284884      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DEAQUINO, ANTHONY  
2101 W COMMERCIAL BLVD  
SUITE 4800  
FT LAUDERDALE, FL 33309 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: FELDMAN, ROBERT L  
Address: 1511 SW 1ST AVE  
City-St-Zip: OCALA, FL

Title: V ( ) Delete  
Name: BITTL, JOHN A  
Address: 1511 SW 1ST AVE  
City-St-Zip: OCALA, FL 34474

Title: V ( ) Delete  
Name: HAN, RICHARD O  
Address: 1511 SW 1 AV  
City-St-Zip: OCALA, FL 34474

Title: V ( ) Delete  
Name: SANTOIAN, EDWARD C  
Address: 1511 SW 1ST AVE  
City-St-Zip: OCALA, FL 34474

Title: V ( ) Delete  
Name: VON MERING, GREGORY O  
Address: 1511 SW 1ST AVENUE  
City-St-Zip: OCALA, FL 34474

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: FELDMAN, ROBERT L M.D.  
Address: 1511 SW 1ST AVE  
City-St-Zip: OCALA, FL 34471 US

Title: V (X) Change ( ) Addition  
Name: BITTL, JOHN A M.D.  
Address: 1511 SW 1ST AVE  
City-St-Zip: OCALA, FL 34471 US

Title: V (X) Change ( ) Addition  
Name: HAN, RICHARD O MD  
Address: 1511 SW 1 AVE  
City-St-Zip: OCALA, FL 34471 US

Title: V (X) Change ( ) Addition  
Name: SANTOIAN, EDWARD C MD  
Address: 1511 SW 1ST AVE  
City-St-Zip: OCALA, FL 34471 US

Title: V (X) Change ( ) Addition  
Name: VON MERING, GREGORY O M.D.  
Address: 1511 SW 1ST AVENUE  
City-St-Zip: OCALA, FL 34471 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT FELDMAN, M.D.

D

04/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date