2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000009686 1. Entity Name ROBERT H. FELMAN, M.D., P.A.



FILED Apr 14, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

1041 RIDGEWOOD AVE VENICE, FL 34292

1041 RIDGEWOOD AVE VENICE, FL 34292

Ì
I
-
ĺ
I
I

04102006	No Chg-P	CR2E034 (11/05)	

DO NOT WRITE IN THIS SPACE

Applied For 4. FEI Number 65-0552007 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FELMAN, ROBERT H 1041 RIDGEWOOD AVE VENICE, FL 34292

DO NOT WRITE IN THIS SPACE

			}				
8. The above named entity submit the obligations of registered ag	ts this statement for the pent.	purpose of changing its register	red office or re	egistered agent, or bo	th, in the State of Flo	orida. I am famil	iar with, and accept
SIGNATURE	name of registered agent and title	it applicable. (NOTE: Registers	ed Agent signature	required when reinstating)	<u> </u>	DATE	<u>ala e a aparta de la como</u> de la comoción de la co
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			<u> </u>		
10.	OFFICERS AND DIREC	CTORS	1		·		
NAME FELMAN, ROBE STREET ADDRESS 1041 RIDGEWO CITY-ST-ZIP VENICE, FL 342	OD AVE				U00 00	0509782	· · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP		_		_{ra} gan, d ala — dae dae gipp geogra (- ₉₈₀ min-	04/28/08	S-80059-(004 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		No.		DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				ÎN .	THIS SF	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITUE NAME STREET ADDRESS CITY-ST-ZIP				·			and the second control of the second
12. I hereby certify that the inform.	ation supplied with this f	iling does not qualify for the ex	emptions con	itained in Chapter 139	 Florida Stabiles 1. 	further certify to	at 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.