

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000032306**

1. Entity Name  
PHYLLIS SIROTTA FELDMAN, M.D., P.A.



Principal Place of Business

3450 E FLETCHER AVENUE  
SUITE 250  
TAMPA, FL 33613 US

Mailing Address

3450 E FLETCHER AVENUE  
SUITE 250  
TAMPA, FL 33613 US



02062007 No Chg-P CR2E034 (11/05)

4. FET Number  
59-3376552

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

FELDMAN, PHYLLIS S  
3450 EAST FLETCHER AVENUE  
SUITE 250  
TAMPA, FL 33613

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when relinquishing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FELDMAN, PHYLLIS S
STREET ADDRESS	3450 EAST FLETCHER AVENUE SUITE 250
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000654692  
03/13/07-80075-002 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 empowerment.

SIGNATURE:

*Phyllis S Feldman*  
PHYLLIS S FELDMAN

Date

3/1/07

Daytime Phone #