


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

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90089 012 \*\*\*150.00

0275598

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # P96000051738**

1. Corporation Name  
**MICHAEL FELDENKRAIS, P.A.**



Principal Place of Business 12000 BISCAYNE BOULEVARD #220 NORTH MIAMI FL 33181	Mailing Address 12000 BISCAYNE BOULEVARD #220 NORTH MIAMI FL 33181
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 12000 Biscayne Blvd. Suite, Apt. #, etc. 22 Suite 220 City & State 23 North Miami, Florida Zip 24 33181 Country 25 USA	2a. Mailing Address 26 12000 Biscayne Blvd. Suite, Apt. #, etc. 27 Suite 220 City & State 28 Miami, Florida Zip 29 33181 Country 30 USA
--	---

3. Date Incorporated or Qualified <b>06/18/1996</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>65-0677319</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FELDENKRAIS, MICHAEL**  
**12000 BISCAYNE BLVD., SUITE 220**  
**NORTH MIAMI FL 33181**

10. Name and Address of New Registered Agent

81 Name <b>Michael Feldenkrais</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>12000 Biscayne Blvd.</b>
83 <b>Suite 220</b>
84 City <b>Miami</b>
85 State <b>FL</b>
Zip Code <b>33181</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>PVPT</b>	<input type="checkbox"/> DELETE
NAME	<b>MICHAEL FELDENKRAIS</b>	
STREET ADDRESS	<b>12000 BISCAYNE BLVD., #220</b>	
CITY-ST-ZIP	<b>N. MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 in an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **3/29/99** DAYTIME PHONE #: **(305) 260-1017**

CR2E034 (11/98)