

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000057419

Entity Name: DAVID FELKER, M.D., P.A.

FILED
Feb 17, 2008
Secretary of State

Current Principal Place of Business:

250 DIXIE BLVD.
SUITE 204
DELRAY BEACH, FL 33444

Current Mailing Address:

250 DIXIE BLVD.
SUITE 204
DELRAY BEACH, FL 33444

New Principal Place of Business:

10151 ENTERPRISE CENTER BLVD
SUITE 207
BOYNTON BEACH, FL 33437

New Mailing Address:

10151 ENTERPRISE CENTER BLVD
SUITE 207
BOYNTON BEACH, FL 33437

FEI Number: 65-0932108

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LESSER, GARY S ESQ.
375 SOUTH COUNTY ROAD
SUITE 220
PALM BEACH, FL 33480 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: PSTD () Delete
Name: FELKER, DAVID M D
Address: 250 DIXIE BLVD., SUITE 204
City-St-Zip: DELRAY BEACH, FL 33444

Title: VD () Delete
Name: FELKER, HILARY
Address: 250 DIXIE BLVD., SUITE 204
City-St-Zip: DELRAY BEACH, FL 33444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: FELKER, DAVID M D
Address: 10151 ENTERPRISE CENTER BLVD
City-St-Zip: BOYNTON BEACH, FL 33437

Title: VD (X) Change () Addition
Name: FELKER, HILARY
Address: 10151 ENTERPRISE CENTER BLVD
City-St-Zip: BOYNTON BEACH, FL 33437

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: DAVID FELKER

DR.

02/17/2008

Electronic Signature of Signing Officer or Director

Date