

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062094

1. Entity Name

W. G. FELDMAN, M.D., P.A.

Principal Place of Business

3211 N. 36TH STREET
HOLLYWOOD FL 33021

Mailing Address

3211 N. 36TH STREET
HOLLYWOOD FL 33021

2. Principal Place of Business

1051 N. 35 AVE
Suite, Apt. #, etc.

3. Mailing Address

1051 N. 35 AVE
Suite, Apt. #, etc.

City & State

HOLLYWOOD

City & State

HOLLYWOOD

Zip
33021

Country
USA

Zip
33021

Country
USA

6. Name and Address of Current Registered Agent

ROSEN, JEROME L
3211 N. 36TH STREET
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name
WARREN FELDMAN
Street Address (P.O. Box Number is Not Acceptable)
1051 N. 35 AVE
SUITE 4
City
HOLLYWOOD FL Zip Code
33021

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.

SIGNATURE

[Signature] (NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FELDMAN, WARREN	
STREET ADDRESS	3211 N. 36TH STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDMAN, WARREN	
STREET ADDRESS	1051 N. 35 AVE SUITE 4	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90126 004 ***150.00

00041331



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0932735 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

CR2E034 (10/00)