

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # V13807**

1. Entity Name

**DENNIS FEINRIDER, M.D., P.A.****FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90001 015 \*\*\*150.00

Principal Place of Business

6801 LAKE WORTH RD #219  
LAKE WORTH FL 33467  
US

Mailing Address

2141 S. ALT A1A #430  
JUPITER FL 33477  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

6801 Lake Worth Rd  
#219  
Lake Worth, FL  
33467

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0315640

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FEINRIDER, DENNIS  
11206 WESTLAND CIRCLE  
BOYNTON BEACH FL 33437

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS    | CITY-ST-ZIP           | <input type="checkbox"/> Delete | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|-------------------|-----------------------|---------------------------------|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       | D    | FEINRIDER, DENNIS | 11206 WESTLAND CIRCLE | BOYNTON BEACH FL                |       |      |                |             |                                 |                                   |
|       |      |                   |                       | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|       |      |                   |                       | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|       |      |                   |                       | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|       |      |                   |                       | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|       |      |                   |                       | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|       |      |                   |                       | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|       |      |                   |                       | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |

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

Feb. 21, 2001 561-746-1099

Date

Daytime Phone #

CR2E034 (10/00)