FROM : FRIEDBERG POTTRUCK FAX NO. : 9543600609

FILED
May 29, 2002 8:00 am
Secretary of State
05-29-2002 90688 021 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V13807

1. Entity Name: DENNIS FEINRIDER, M. D., P.A.

116540

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 6801 Lake Worth Rd #219
Suite, Apt. #, etc.
City & State: Lake Worth, Fl
Zip: 33467
Country: Palm Beach

3. Mailing Address: Same
Suite, Apt. #, etc.
City & State: Same
Zip: Same
Country: Same

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Feinrider, Dennis
Street Address (P.O. Box Number is Not Acceptable): 11206 Westland Circle
City: Boynton Beach FL Zip Code: 33437

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 of current name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing) DATE

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

January 1 - May 1: Fee is $150.00
After May 1: Fee is $550.00
Amended UBR is $61.25
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	
NAME	Feinrider Dennis D
STREET ADDRESS	11206 Westland Circle
CITY-ST-ZIP	Boynton Beach, FL 33437
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 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 #