

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 629034

**Entity Name:** NEIL TURK FELDMAN, M.D., P.A.

**Current Principal Place of Business:**

2525 PASADENA AVE S, SUITE P  
ST PETERSBURG, FL 33707

**Current Mailing Address:**

2525 PASADENA AVE S, SUITE P  
ST PETERSBURG, FL 33707

**FEI Number:** 59-1916739

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FELDMAN, NEIL T, MD  
2525 PASADENA AVE S, SUITE P  
ST. PETERSBURG, FL 33707 US

*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

**Officer/Director Detail :**

Title PD  
Name FELDMAN, NEIL T  
Address 2525 PASADENA AVE S  
City-State-Zip: SAINT PETERSBURG FL 33707

*I hereby 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 all other like empowered.*

**SIGNATURE:** NEIL T FELDMAN MD

PD

01/18/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date