

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 692953

**Entity Name:** THOMAS FEISTMANN, M.D., P.A.

**Current Principal Place of Business:**

5405 OKEECHOBEE BLVD.  
SUITE 306  
WEST PALM BEACH, FL 33417

**Current Mailing Address:**

5405 OKEECHOBEE BLVD.  
SUITE 306  
WEST PALM BEACH, FL 33417

**FEI Number:** 59-2096145

**Certificate of Status Desired:** No

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

FEISTMANN, THOMAS  
5405 OKEECHOBEE BLVD., SUITE 306  
WEST PALM BEACH, FL 33407 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 P  
Name FEISTMANN, THOMAS  
Address 5405 OKEECHOBEE BLVD, 306  
City-State-Zip: WEST PALM BEACH FL 33417

*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:** THOMAS FEISTMANN

P

01/25/2016

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

\_\_\_\_\_  
Date