

2014 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: Yes

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

M.D.

01/09/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date