

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000095195

**Entity Name:** ALAN D. FELDMAN, M.D., P.A.

**Current Principal Place of Business:**

10333 SEMINOLES BLVD  
SUITE 3  
LARGO, FL 33778-4204

**Current Mailing Address:**

10333 SEMINOLES BLVD  
SUITE 3  
LARGO, FL 33778-4204

**FEI Number:** 04-3710580

**Certificate of Status Desired:** No

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

RAYMOND, J. PAUL  
625 COURT STREET STE 200  
CLEARWATER, FL 33756 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	Title	DS
Name	FELDMAN, ALAN D	Name	RAYMOND, J. PAUL
Address	1736 PINE CREEK COURT	Address	400 CLEVELAND STREET STE 900
City-State-Zip:	SAFETY HARBOR FL 34695	City-State-Zip:	CLEARWATER FL 34615

*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:** ALAN D. FELDMAN, MD, PA

**PRESIDENT**

**02/10/2014**

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

\_\_\_\_\_  
Date