

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000000124

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

**Current Principal Place of Business:**

1635 SE COUNTY HWY 484  
BELLEVIEW, FL 34420

**Current Mailing Address:**

PO BOX 516  
OCALA, FL 34478 US

**FEI Number:** 59-3284884

**Certificate of Status Desired:** No

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

FELDMAN, ROBERT MD  
1635 SE COUNTY HWY 484  
BELLEVIEW, FL 34420 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:** FELDMAN, ROBERT

03/09/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name FELDMAN, ROBERT L M.D.  
Address 1635 SE COUNTY HWY 484  
City-State-Zip: BELLEVIEW FL 34420

*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:** ROBERT FELDMAN

P

03/09/2023

Electronic Signature of Signing Officer/Director Detail

Date