

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000000124

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

Current Principal Place of Business:

1511 SW 1ST AVENUE
OCALA, FL 34471

Current Mailing Address:

P O DRAWER 3130
OCALA, FL 34478 US

FEI Number: 59-3284884

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORTES, JOSE HESQ
4 SE BRAODWAY
OCALA, FL 34471 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 FELDMAN, ROBERT LM.D.
Address 1511 SW 1ST AVE
City-State-Zip: Ocala FL 34471

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 L. FELDMAN, M.D., PA

PRES

03/03/2014

Electronic Signature of Signing Officer/Director Detail

Date