

**2013 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

03/25/2013

Electronic Signature of Signing Officer/Director Detail

Date