

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000000124

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

**Current Principal Place of Business:**

125 SW 11TH STREET  
OCALA, FL 34471

**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  
125 SW 11TH STREET  
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:** FELDMAN, ROBERT

04/24/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name FELDMAN, ROBERT L M.D.  
Address 125 SW 11TH STREET  
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:** FELDMAN, ROBERT

P

04/24/2018

Electronic Signature of Signing Officer/Director Detail

Date