

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000002468

1. Entity Name
WOLF MEDICAL SUPPLY, INC.



Principal Place of Business Mailing Address
591 SAWGRASS CORPORATE PKWY 591 SAWGRASS CORPORATE PKWY
SUNRISE, FL 33325 SUNRISE, FL 33325

DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0549437 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOOLFSON, GARY
591 SAWGRASS CORPORATE PKWY
SUNRISE, FL 33325

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WOOLFSON, GARY
STREET ADDRESS	591 SAWGRASS CORPORATE PKWY
CITY - ST - ZIP	SUNRISE, FL 33325
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
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CITY - ST - ZIP	

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] president
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-605
Date

954-835-2300
Daytime Phone #