

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # P95000002468

1. Entity Name
WOLF MEDICAL SUPPLY, INC.



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

Mailing Address
**591 SAWGRASS CORPORATE PKWY
SUNRISE, FL 33325**



01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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U000000862176
04/03/08-30099-014 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-08

954-835-2300 x110

Date

Daytime Phone #