

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000002468

Entity Name: WOLF MEDICAL SUPPLY, INC.

FILED
Jan 07, 2011
Secretary of State

Current Principal Place of Business:

13951 NW 8TH STREET
SUNRISE, FL 33325

New Principal Place of Business:

Current Mailing Address:

13951 NW 8TH STREET
SUNRISE, FL 33325

New Mailing Address:

FEI Number: 65-0549437

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOOLFSON, GARY
13951 N.W. 8TH STREET
SUNRISE, FL 33325 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P
Name: WOOLFSON, GARY
Address: 13951 NW 8TH STREET
City-St-Zip: SUNRISE, FL 33325

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: GWOOLFSON

P

01/07/2011

Electronic Signature of Signing Officer or Director

Date