2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2017
Secretary of State
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Entity Name: WOLF MEDICAL SUPPLY, INC.

Current Principal Place of Business:

13951 NW 8TH STREET
SUNRISE, FL 33325

Current Mailing Address:

13951 NW 8TH STREET
SUNRISE, FL 33325

FEI Number: 65-0549437

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WOOLFSON, GARY
13951 N.W. 8TH STREET
SUNRISE, FL 33325 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	WOOLFSON, GARY
Address	13951 NW 8TH STREET
City-State-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: GARY WOOLFSON CEO 01/18/2017

Electronic Signature of Signing Officer/Director Detail — Date