

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -2 PM 3:07

DOCUMENT # 601483

(1)

1. Corporation Name

ROBERT M. WOLF DDS PA

Principal Place of Business

1146 WEST 68 STREET
HALEAH FL 33014

Mailing Address

1146 WEST 68 STREET
HALEAH FL 33014

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/01/1969

3a. Date of Last Report

04/22/1994

4. FEI Number

59-1271307

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

SHUPACK, BOB
1110 NE 163RD ST
N MIAMI BEACH FL

10. Name and Address of New Registered Agent

81

Name BERNARD A. BECKER

82

Street Address (P.O. Box Number is Not Acceptable)

83

8180 NW 36TH STREET, SUITE 100-E

84

City

MIAMI

FL

85

Zip Code

33166

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Bernard A. Becker

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

(NOTE: Registered Agent signature required when reconstituting)

1/26/95

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD

WOLF, ROBERT M
1146 W. 68 ST.
HALEAH FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SD

WOLF, MYRIAM
1146 W. 68 ST.
HALEAH FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished, that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath in Block 12 or Block 13 if completed, or in an attachment with an address.

and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath to execute this report as required by Chapter 007, Florida Statutes; and that my name

SIGNATURE: *

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR

SECRETARY

1/30/95

(305) 821-2021

DATE

Daytime Phone