

# 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 APR -4 AM 10:35

DOCUMENT # **603830** (1)  
1. Corporation Name  
**EDWIN L. WOLFE M.D. PROFESSIONAL ASSOCIATION**

Principal Place of Business Mailing Address  
**PO BOX 320841 TAMPA FL 33679** **PO BOX 320841 TAMPA FL 33679**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/06/1972** 3a. Date of Last Report **03/15/1994**  
4. FEI Number **59-1440078** Applied For ☐ Not Applicable ☐  
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required  
6. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees  
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country

## 9. Name and Address of Current Registered Agent

**WOLFE, EDWIN L.  
4901 ANDROS DR.  
TAMPA FL 33679**

## 10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

## 12. OFFICERS AND DIRECTORS

TITLE **PO**  
NAME **WOLFE, EDWIN L**  
STREET ADDRESS **2713 CASEY KEY ROAD**  
CITY - ST - ZIP **NOKOMIS FL**  
TITLE **D**  
NAME **WOLFE, EDWIN L, JR.**  
STREET ADDRESS **2713 CASEY KEY ROAD**  
CITY - ST - ZIP **NOKOMIS FL**  
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 **4901 ANDROS DRIVE**  
1.4 CITY - ST - ZIP **TAMPA, FL 33629**  
2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS **4901 ANDROS DRIVE**  
2.4 CITY - ST - ZIP **TAMPA, FL 33629**  
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 and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify 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; that I am an officer or director of the corporation or a receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attached sheet with an address.

SIGNATURE:

*Edwin L. Wolfe*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR  
**EDWIN L. WOLFE**

**3/25/95** **(813) 786-1381**  
Date (Typed Name)