

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 605102

FILED
Jan 18, 2005
Secretary of State

Entity Name: VITAS AND WOLFF, P.A.

Current Principal Place of Business:

1257 FLORIDA AVE.
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

1257 FLORIDA AVE.
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 59-1519277

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VITAS, (OVIDIO E.)
1257 FLORIDA AVE.
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

VITAS, OVID E
19 N. INDIAN RIVER DR
COCOA, FL 32931 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: OVID VITAS

01/18/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: VITAS, (OVIDIO E.),
Address: 3740 OCEAN BCH BLVD
City-St-Zip: COCOA BEACH, FL 32931

Title: SD () Delete
Name: VITAS, OVIDIO E.,
Address: 1257 FLORIDA AVE.
City-St-Zip: ROCKLEDGE, FL

Title: VP (X) Delete
Name: WOLFF, STEVEN M
Address: 601 S ATLANTIC AVE
City-St-Zip: COCOA BEACH, FL 32931

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: VITAS, OVID E MD
Address: 19 NORTH INDIAN RIVER DR
City-St-Zip: COCOA, FL 32922

Title: VP (X) Change () Addition
Name: WOLFF, STEVEN M MD
Address: 601 S. ATLANTIC BLVD
City-St-Zip: COCOA BEACH, FL 32931

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: STEVEN WOLFF

DR

01/18/2005

Electronic Signature of Signing Officer or Director

Date