2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #633330

1. Entity Name

EUGENE B. WOLCHOK M.D., P.A.

Principal Place of Business

3636 UNIVERSITY BLVD. SOUTH

SUITE A-2

JACKSONVILLE, FL 32216

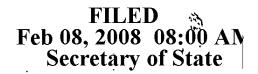


Mailing Address

3636 UNIVERSITY BLVD. SOUTH

SUITE A-2

JACKSONVILLE, FL 32216





DO NOT WRITE IN THIS SPACE

01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1928326

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

904 739060L

Daytime Phone #

6. Name and Address of Current Registered Agent

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WOLCHOK, EUGENE B. 3636 UNIVERSITY BLVD. SOUTH SUITE A-2 JACKSONVILLE, FL 32216

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Signature, typed or profiled name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating)					DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			ncing	\$5.00 May Be Added to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PD WOLCHOK, EUGENE B. 3636 UNIV BLVD S. JACKSAONVILLE, FL	TORS			 U00000820204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WOLCHOK, STEPHEN M 3636 UNIVERSITY BLVD S JACKSONVILLE, FL 32216				*'02/18/08-80019-011 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WOLCHOK, BRENDA R 3636 UNIVERSITY BLVD S JACKSONVILLE, FL 32216			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		٠		IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					1
TITLE NAME STREET ADDRESS CITY-ST-ZIP					· -
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if					