

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 662998

FILED  
Apr 20, 2010  
Secretary of State

Entity Name: S. ANTHONY WOLFE, M.D., P.A.

## Current Principal Place of Business:

6280 SUNSET DRIVE # 400  
SOUTH MIAMI, FL 33143

## New Principal Place of Business:

3100 SW 62ND AVENUE  
SUITE 2230  
MIAMI, FL 33155

## Current Mailing Address:

6280 SUNSET DRIVE # 400  
SOUTH MIAMI, FL 33143

## New Mailing Address:

P.O. BOX 558267  
MIAMI, FL 33255

FEI Number: 59-2002310

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WOLFE, S. ANTHONY MD  
6280 SUNSET DRIVE # 400  
SOUTH MIAMI, FL 33143 US

## Name and Address of New Registered Agent:

WOLFE, S. ANTHONY MD  
3100 SW 62ND AVE  
2230  
MIAMI, FL 33155 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: S ANTHONY WOLFE MD

04/20/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP  
Name: WOLFE, S. ANTHONY, MD., P.A.  
Address: 3100 SW 62ND AVE SUITE 2230  
City-St-Zip: MIAMI, FL 33155

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: S ANTHONY WOLFE MD

DP

04/20/2010

Electronic Signature of Signing Officer or Director

Date