

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 681730 (8)

1. Corporation Name

WOELFEL & HART, M.D.'S, P.A.



Principal Place of Business

250 S. TAMiami TrL
STE 201
VENICE FL 34285
US

Mailing Address

250 S. TAMiami TrL
STE 201
VENICE FL 34285
US

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

WOELFEL, ROBERT L., M.D.
250 S TAMiami TrL, STE 103
VENICE FL 34285

3. Date Incorporated or Qualified

08/02/1980

3a. Date of Last Report

01/31/1995

4. FEI Number

59-2014419

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

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent (if changed from prior filing)

Signature of Registered Agent (signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD	HART, MELINDA BETH	250 S. TAMiami TrL 201				
		VENICE FL					
	STD	WOELFEL, ROBERT L.	250 S. TAMiami TrL, 201				
		VENICE FL					

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	5. TITLE	6. NAME	7. STREET ADDRESS	8. 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)(k), 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 the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/96

Date of Filing

CR2E034 (12/95)