

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90031 015 ***150.00

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| DOCUMENT # H50712 | |
| 1. Entity Name RICHARD M. WOLFF, M.D., P.A. | |



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|---|---|
| Principal Place of Business 10000 STIRLING ROAD SUITE 3 COOPER CITY, FL 33024 US | Mailing Address 10000 STIRLING ROAD SUITE 3 COOPER CITY, FL 33024 US |
|---|---|

44024186



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|---|---|
| 2. Principal Place of Business 2476 N. University Ave | 3. Mailing Address 10600 Indian Trail |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

03292004 Chg-P CR2E034 (10/03)

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|--|---|
| City & State Pembroke Pines FL | City & State Fort Lauderdale FL |
| Zip 33024 | Zip 33328 |
| Country USA | Country USA |

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|---|--|
| 4. FEI Number 59-2521934 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent WOLFF, RICHARD M. 10000 STIRLING ROAD SUITE 3 COOPER CITY, FL 33024 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2476 N. University Ave City Pembroke Pines, FL Zip Code 33024 | |
|---|--|--|--|

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WOLFF, RICHARD M. 10000 STIRLING ROAD-SUITE 3 COOPER CITY, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2476 N. University Ave Pembroke Pines, FL 33024 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard M. Wolff **Richard M. Wolff** **3-25-04** **436-0068**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #