2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 17, 2008 08:00 A Secretary of State

ANNOAL KEPOKI					~	0.00
1. Entity Nam	MENT # K32384 J. WOLF, M.D.,P.A.				Sec	cretary of Sta
Principal Plac	ce of Business	Mailing Address	<u> </u>			
201 NW 82N PLANTATION	ND AVE #501 I, FL 33324	201 NW 82ND AVE #501 PLANTATION, FL 33324		I (SENEM) S	88 2114 11842 1484 1814 8187 81811	
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	6. Name and Address of Current Re	gistered Agent	: ,	*	And States a section in	
DADE COUNTY CORPORATE AGENTS, INC. 420 S. DIXIE HIGHWAY					NOT WRI	TE
3TH FLOOR CORAL GABLES, FL 33146				IN .	THIS SPA	
	named entity submits this statement for the	ne purpose of changing its register	red office or registe	red agent, or bo	oth, in the State of Florida.	
the obligat	tions of registered agent					·
SIGNATURE.	Signature, typed or printed name of registered agent and	title if applicable (NOTE, Registeri	ed Agent signature requires	d when reinstating)		DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution			ncing _ \$5	.00 May Be	U00000862 04/03/08-800	2015 332-008 150.00
10.	OFFICERS AND DI	RECTORS	1		· · · · · · · · · · · · · · · · · · ·	The second second
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes 1 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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

3/3/08

301 933 5753

Daytime Phone #