

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L73744

FILED  
Apr 27, 2005  
Secretary of State

Entity Name: BUD LOUIS WOLFSON, M.D., P.A.

## Current Principal Place of Business:

4237 SALISBURY ROAD #302  
JACKSONVILLE, FL 32216

## New Principal Place of Business:

## Current Mailing Address:

4237 SALISBURY ROAD #302  
JACKSONVILLE, FL 32216

## New Mailing Address:

FEI Number: 59-3012464

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEACH, ERIC L  
MILTON & LEACH, P.A.  
1660 PRUDENTIAL DR, STE 200  
JACKSONVILLE, FL 32207 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPV ( ) Delete  
Name: WOLFSON, BUD LOUIS,  
Address: 4237 SALISBURY RD., #302  
City-St-Zip: JACKSONVILLE, FL

Title: TSD ( ) Delete  
Name: WOLFSON, BUD LOUIS,  
Address: 4237 SALISBURY RD #302  
City-St-Zip: JACKSONVILLE, FL

Title: C ( ) Delete  
Name: WOLFSON, BUD LOUIS,  
Address: 4237 SALISBURY RD #302  
City-St-Zip: JACKSONVILLE, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: BUD WOLFSON

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

04/27/2005

\_\_\_\_\_  
Date