FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS

Joy Wolff

FILED Jan 27 1998 8:00am Secretary of State

JOCUMEN # L90251 (4) JOY WOLFF, M.D., P.A.											
	101 W	OLITY MIDI, TON									
Pri	ncipal Place	e of Business	Mailing Address								
3023 EASTLAND BLVD 3023 EASTL			3023 EASTLAND BLVD	STLAND BLVD							
112			112								
Clearwater fl 34621 US			CLEARWATER FL 34621				DO NOT WRITE IN THIS SPACE				
			US				3. Date Incorporated or Qualified 08/01/1990				
_	Principal Pi	lace of Business	2a. Mailing Address	alling Address			4. FEI Number	-	Applied For Not Applicable		
21	Suite, Apt.	#. etc.	Suite, Apt. #, etc.	. #, etc.			59-3020953	\$8		dditional	
22	•		27	- 			5. Certificate of Status Desired			quired	
	City & State	Đ	City & State	City & State			6. Election Campaign Financing	\$5	.00	May Be	
23		<u> </u>	28	· , k			Trust Fund Contribution	•		o Fees	
_	Zip				intry		8. This corporation owes or has paid the cu		_		
24		25 29 30 9. Name and Address of Current Registered Agent					Personal Property Tax due June 30.	X Yes	<u>L</u>	No	
	14/0	<u> </u>	ent negletelen Agent	81	Name	10. Name and Address of New Registered	Agent				
WOLFF, JOY, M.D. 2172 HARBORVIEW DR.											
DUNEDIN FL 34698					82	Street Addre	ess (P.O. Box Number is Not Acceptable)				
				ŀ	83						
					24	0:		11	3 : 6		
					84	City	FL	85	Zip (oae	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the						named corpo	pration submits this statement for the purpose o	chang	ing its	registered	
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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.											
SIC	NATURE										
		Signature, typed or printed name of registered a	· · · · · · · · · · · · · · · · · · ·		d Agent	f signature require	d when reinstaling) DATE				
12.				13.	T1 E	<u> </u>	ADDITIONS/CHANGES TO OFFICERS AND	DIREC Cha		S IN 12	
NAN		WOLFF, JOY		1.2 NAME					nge	☐ Mainon	
	EET ADDRESS	2172 HARBORVIEW DR.				.DDRESS					
	-ST-ZIP	DUNEDIN FL			1.4 CITY-ST-ZIP						
TITL			DELETE	2.1 TITLE				Cha	ange	Addition	
NAN	ΙE			2.2 N							
STR	ET ADDRESS			2.3 ST	2.3 STREET ADDRESS						
CITY	ST-ZIP			2. 4 CiTY - S		- ZIP					
TITL			☐ DELETE					Cha	ange	Addition	
NAM	· ·			3.2 NAME							
4	EET ADDRESS			3.3 STREET ADDRESS		l l				ľ	
TITL	Y-ST-ZIP LE		DELETE	3.4. CITY-ST-ZIP		- EIP		☐ Cha	nae	Addition	
NAM				4. 2 NAME					.00		
	ET ADDRESS					DDRESS					
	ITY-ST-ZIP			4.4 CITY-ST-ZIP							
TITL	TLE		☐ DELETE	5.1 TITLE				Cha	inge	Addition	
NAM	#E			5.2 NAME							
STRE	ET ADDRESS	AESS 53 S		5.3 ST	REET AC	DDRESS					
	-ST-ZIP			5.4 CITY-S		ZIP					
TITL			☐ DELETE	6.1 1∏L€				L. Cha	inge	☐ Addition	
NAM				6.2 NA							
	ET ADDRESS					DDRESS					
	- ST-ZIP I hereby c	ertify that the information supplied	with this filing does not qualify for	6.4 CITY-ST-ZIP or the exemption stated in S			Section 119.07(3)(i). Florida Statutes. I further ce	rtify tha	it the i	information	
14, 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 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 if changed, or on an attachment with an address.											