

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L90251

1. Entity Name
JOY WOLFF, M.D., P.A.

FILED
Aug 25, 2002 8:00 am
Secretary of State

08-25-2002 90196 022 ***150.00

Principal Place of Business
3023 EASTLAND BLVD
112
CLEARWATER FL 33761
US

Mailing Address
3023 EASTLAND BLVD
112
CLEARWATER FL 34621
US

2. Principal Place of Business
2665 State Rd 580
Suite, Apt. #, etc.

3. Mailing Address
2665 State Rd 580
Suite, Apt. #, etc.

B0134929



DO NOT WRITE IN THIS SPACE

City & State
Clearwater, FL
Zip
33761
Country
USA

4. FEI Number 59-3020953
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOLFF, JOY, M.D.
2172 HARBORVIEW DR.
DUNEDIN FL 34698

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WOLFF, JOY 2172 HARBORVIEW DR. DUNEDIN FL	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
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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

8-8-02 727-725-1175

0034/22 AV

CR2E034 (4/02)

**COUNTRYSIDE
OBSTETRICS & GYNECOLOGY**

JOY WOLFF, M.D.
JEFFREY MARKS, M.D.
REBECCA THIBODEAU, M.D.

*Attachment
B0134929*

August 7, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Joy Wolff, M.D.
Document #L90251

Jeffrey Marks, M.D.
Document #P94000046780

To Whom It May Concern,

We have enclosed two checks in the amount of \$150.00 each for each of the above names regarding the 2002 Uniform Business Report.

Please note that our address has changed, which may have interfered with our receiving the notices in a timely fashion. The enclosed forms are the only ones that we received, and we have acted on them as quickly as possible.

We have corrected our information on the reports, and ask that you please update your records as to our present address for the future.

Thank you for your attention to this matter.

Sincerely,

Kelly DeFeseo
Kelly DeFeseo
Office Manager

2665 STATE ROAD 580, CLEARWATER, FL 33761

phone 727.725.5121

fax 727.725.5417

A DIVISION OF TAMPA BAY WOMEN'S CARE