

2012 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 21, 2012
Secretary of State

Entity Name: BRIAN D. WOLFF, M.D., P.A.

Current Principal Place of Business:

671 GOODLETTE ROAD N.
SUITE 120
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

671 GOODLETTE ROAD N.
SUITE 120
NAPLES, FL 34109

New Mailing Address:

FEI Number: 20-5743208

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLFF, BRIAN D M.D.
NEUROLOGY CENTER
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

WOLFF, BRIAN D M.D.
NEUROLOGY CENTER
SUITE 120
NAPLES, FL 34109 US

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: BETH E WOLFF

03/21/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: WOLFF, BRIAN D MD
Address: 671 GOODLETTE ROAD N. SUITE 120
City-St-Zip: NAPLES, FL 34109

I hereby 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 all other like empowered.

SIGNATURE: BRIAN D WOLFF

PRES

03/21/2012

Electronic Signature of Signing Officer or Director

Date