

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000108276

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: DAVID ALLAN WOLIN, M.D., P.A.

**Current Principal Place of Business:**

4242 IMPERIAL ISLE DR.  
WELLINGTON, FL 33449

**New Principal Place of Business:**

10463 LAUREL ESTATES LANE  
WELLINGTON, FL 33449

**Current Mailing Address:**

4242 IMPERIAL ISLE DR.  
WELLINGTON, FL 33449

**New Mailing Address:**

10463 LAUREL ESTATES LANE  
WELLINGTON, FL 33449

FEI Number: 26-1172291

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KATZ, RICHARD L  
6630 SW 70 LANE  
SOUTH MIAMI, FL 33143 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: P,D ( ) Delete  
Name: WOLIN, DAVID A  
Address: 4242 IMPERIAL ISLE DR.  
City-St-Zip: WELLINGTON, FL 33449

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P,D (X) Change ( ) Addition  
Name: WOLIN, DAVID A  
Address: 10463 LAURELE ESTATES LANE  
City-St-Zip: WELLINGTON, FL 33449

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DAVID A. WOLIN

P.D.

04/29/2008

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

\_\_\_\_\_ Date