

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000050669 (8)

1. Corporation Name

ABRAHAM WOLFENZON, M.D., P.A.



Principal Place of Business	Mailing Address
KEY LARGO MEDICAL CENTER OVERSEAS HWY MILE MARKER 100.5 KEY LARGO FL 33037	ABRAHAM WOLFENZON, M.D. PA P O BOX 2786 KEY LARGO FL 33037 US

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc	26 Suite, Apt #, etc
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

3. Date Incorporated or Qualified 07/08/1994	3a. Date of Last Report 08/01/1995
4. FEI Number 65-0514463	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MAXWELL, AMANDA
3225 AVIATION AVE
SUITE 300
COCONUT GROVE FL 33133**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and then applicable (initials) Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input type="checkbox"/>
NAME	WOLFENZON, ABRAHAM MD	
STREET ADDRESS	KEY LARGO MEDICAL CTR OVERSEAS HWY MM100.5	
CITY - ST - ZIP	KEY LARGO FL 33037	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
12 NAME			
13 STREET ADDRESS			
14 CITY - ST - ZIP			
21 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
22 NAME			
23 STREET ADDRESS			
24 CITY - ST - ZIP			
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY - ST - ZIP			
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY - ST - ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Abraham Wolfenzon* **7-18-96** **305-453-0709**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)