

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90140 035 ***150.00

DOCUMENT # P94000050669

1. Entity Name
ABRAHAM WOLFENZON, M.D., P.A.

Principal Place of Business
**KEY LARGO MEDICAL CENTER
 OVERSEAS HWY MILE MARKER 100.5
 KEY LARGO FL 33037**

Mailing Address
**ABRAHAM WOLFENZON, M.D., PA
 P O BOX 2766
 KEY LARGO FL 33037
 US**

748166



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	65-0514463	Applied For
		Not Applicable

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

6. Name and Address of Current Registered Agent

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

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.

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.

FILE NOW!!! FEE IS \$150.00
~~After MAY 1, 2001- Fee will be \$550.00~~
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	
TITLE	<input type="checkbox"/> Delete
NAME	D WOLFENZON, ABRAHAM MD
STREET ADDRESS	KEY LARGO MEDICAL CTR OVERSEAS HWY MM100.5
CITY-ST-ZIP	KEY LARGO FL 33037
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **X** *Abraham Wolfenzon*
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/19/01** Daytime Phone #: **305 453-0109**

CR2E034 (10/00)