2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2004
Secretary of State

DOCUMENT# P94000050669

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

Current Principal Place of Business:

KEY LARGO MEDICAL CENTER
OVERSEAS HWY MILE MARKER 100.5
KEY LARGO, FL 33037

New Principal Place of Business:

Current Mailing Address:

ABRAHAM WOLFENZON, M.D., PA
P O BOX 2786
KEY LARGO, FL 33037 US

New Mailing Address:

FEI Number: 65-0514463 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAXWELL, AMANDA
3225 AVIATION AVE
SUITE 300
COCONUT GROVE, FL 33133 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: D ( ) Delete
Name: WOLFENZON, ABRAHAM MD
Address: KEY LARGO MEDICAL CTR OVERSEAS HWY MM100.5
City-St-Zip: KEY LARGO, FL 33037

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ABRAHAM WOLFENZON, MD D 01/11/2004

Electronic Signature of Signing Officer or Director Date