


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 03, 2005 08:00 AM**  
**Secretary of State**

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 2786  
 KEY LARGO, FL 33037 US



01262005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WOLFENZON, ABRAHAM MD KEY LARGO MEDICAL CTR OVERSEAS HWY MM100.5 KEY LARGO, FL 33037
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U00000212715  
 02/03/05-80039-014 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other lists empowered.

SIGNATURE: Abraham Wolfenzon / ABRAHAM WOLFENZON Date: 1/31/05 (305) 453-0709  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #