

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P94000050669

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



FILED

06 OCT 17 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10052006

REIN-P

CR2E098 (11/05)

06

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 JAMES ORLOWSKY CPA

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

800 WEST AVE # C-1

City MIAMI BEACH FL

Zip Code 33139

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

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required for reinstatement.)

JAMES ORLOWSKY CPA

800 WEST AVENUE, SUITE C-1

MIAMI BEACH, FL 33139

10/5/06

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D
NAME WOLFENZON, ABRAHAM MD
STREET ADDRESS KEY LARGO MEDICAL CTR OVERSEAS HWY MM100.5
CITY-ST-ZIP KEY LARGO, FL 33037

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ABRAHAM WOLFENZON

10/12/06 (305) 453-0709