


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000050669 1. Entity Name ABRAHAM WOLFENZON, M.D., P.A.	
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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
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01172007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0514463	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ORLOWSKY, JAMES CPA
800 WEST AVE #C-1
MIAMI BEACH, FL 33139

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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 when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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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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: Abraham Wolfenzon ABRAHAM WOLFENZON 1/22/07 (305)453-0709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #