

2-3-97 B-1231 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Feb 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000035495 (7)

1. Corporation Name

WOLPE AND FINKBEINER, M.D., P.A.



Principal Place of Business

2623 S. SEACREST BLVD.
BOYNTON BEACH FL 33435

Mailing Address

2623 S. SEACREST BLVD.
BOYNTON BEACH FL 33435-7501

3. Date Incorporated or Qualified
05/01/1995

3a. Date of Last Report
02/05/1996

2. Principal Place of Business

21 10075 JOG ROAD

2a. Mailing Address

26 10075 JOG ROAD

Suite, Apt. #, etc.

22 108

Suite, Apt. #, etc.

27 108

City & State

23 BOYNTON BEACH FL

City & State

28 BOYNTON BEACH FL

Zip

24 33426

Country

25 FLA BEACH

Zip

29 33426

Country

30 FLA BEACH

4. FEI Number

65-0594183

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

WOLPE, MONA
2623 S. SEACREST BLVD.
BOYNTON BEACH FL 33435

10. Name and Address of New Registered Agent

81 Name

MONA WOLPE

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

10075 JOG ROAD 108

83

84

BOYNTON BEACH

FL

85 Zip Code

33426

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME WOLPE, MONA
STREET ADDRESS 2623 S. SEACREST BLVD
CITY-ST-ZIP BOYNTON BEACH FL
☐ DELETE

TITLE D
NAME FINKBEINER, CHARLES
STREET ADDRESS 2623 S. SEACREST BLVD
CITY-ST-ZIP BOYNTON BEACH FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME MONA WOLPE
1.3 STREET ADDRESS 10075 JOG ROAD 108
1.4 CITY-ST-ZIP BOYNTON BEACH FL 33426
☒ Change ☐ Addition

2.1 TITLE
2.2 NAME CHARLES FINKBEINER
2.3 STREET ADDRESS 10075 JOG ROAD 108
2.4 CITY-ST-ZIP BOYNTON BEACH FL 33426
☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

X MONA WOLPE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/97 (561) 736-4521
Date Daytime Phone #

0320094

CR2E034 (9/96)