

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000035495 (7)**
1. Corporation Name

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



Principal Place of Business

Mailing Address

**2623 S. SEACREST BLVD.
BOYNTON BEACH FL 33435**

**2623 S. SEACREST BLVD.
BOYNTON BEACH FL 33435**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 10075 TUG ROAD Suite, Apt. #, etc. 108 22 108 City & State BOYNTON BEACH FL 23 BOYNTON BEACH FL Zip 33426 Country USA 24 33426 25 USA		2a. Mailing Address 26 10075 TUG ROAD Suite, Apt. #, etc. 108 27 108 City & State BOYNTON BEACH FL 28 BOYNTON BEACH FL Zip 33426 Country 108 29 33426 30 108		3. Date Incorporated or Qualified 05/01/1995	
		4. FEI Number 65-0594183		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 82 Street Address (P.O. Box Number is Not Acceptable) 10075 TUG 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 *Mona Wolpe*
Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLPE, MONA	1.2 NAME	
STREET ADDRESS	2623 S. SEACREST BLVD.	1.3 STREET ADDRESS	10075 TUG ROAD 108
CITY-ST-ZIP	BOYNTON BEACH FL	1.4 CITY-ST-ZIP	BOYNTON BEACH FL 33426
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINKBEINER, CHARLES	2.2 NAME	
STREET ADDRESS	2623 S. SEACREST BLVD.	2.3 STREET ADDRESS	10075 TUG ROAD 108
CITY-ST-ZIP	BOYNTON BEACH FL	2.4 CITY-ST-ZIP	BOYNTON BEACH FL 33426
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 *Mona Wolpe*

CR2E034 (5/98)