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Secretary of State
05-01-2006 90293 047 ***150.00

5/1

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000035495

1. Entity Name
WOLPE AND FINKBEINER, M.D., P.A.

Principal Place of Business	Mailing Address
10075 JOG RD STE 108 BOYNTON BEACH, FL 33426 US	10075 JOG RD STE 108 BOYNTON BEACH, FL 33426 US

DO NOT WRITE IN THIS SPACE

04182006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0594183
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOLPE, MONA
10075 JOG RD
STE 108
BOYNTON BEACH, FL 33426

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 Mona Beth Wolpe 6/7/6
DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WOLPE, MONA
STREET ADDRESS	10075 JOG RD STE 108
CITY-ST-ZIP	BOYNTON BEACH, FL 33426
TITLE	D
NAME	FINKBEINER, CHARLES
STREET ADDRESS	10075 JOG RD STE 108
CITY-ST-ZIP	BOYNTON BEACH, FL 33426
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 [illegible]

SIGNATURE Mona Beth Wolpe 6/6/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #