

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 A
Secretary of State

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



04212007 No Chg-P CR2E034 (11/05)

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**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	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	

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05/10/07-80068-008 150.00

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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 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/07 (561) 736-4321
Date Daytime Phone #