2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State
03-25-2005 90040 004 ***150.00

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DOCUMENT # P95000049677

1. Entity Name
MARLENE R. WOLF, M.D., P.A.

Principal Place of Business	Mailing Address
10139 N.W.31ST STREET SUITE 102 CORAL SPRINGS, FL 33065	10139 N.W.31ST STREET SUITE 102 CORAL SPRINGS, FL 33065

01192005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
5901 COLONIAL DR	5901 COLONIAL DR.
Suite, Apt. #, etc. SUITE 106	Suite, Apt. #, etc. 106
City & State MARGATE, FL	City & State MARGATE, FL
Zip 33063 Country US	Zip 33063 Country US

4. FEI Number 65-0590340 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WOLF, MARLENE R
10139 N.W. 31ST STREE
SUITE 102
CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent

Name MARLENE WOLF
Street Address (P.O. Box Number is Not Acceptable)
5901 COLONIAL DRIVE
City MARGATE FL Zip Code 33063

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] Marlene Wolf 3/22/05
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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOLF, MARLENE R 10139 N.,W. 31ST ST. SUITE 102 CORAL SPRINGS, FL 33065	☐ Delete	D MARLENE WOLF 5901 COLONIAL DRIVE #106 MARGATE, FL 33063	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. 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 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] Marlene Wolf 3/22/05 954 968 5252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

RECEIVED
MAR 09 2005