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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000086481 (5)

1. Corporation Name

WOLF SURGICAL ASSISTANT SERVICES, INC.



Principal Place of Business

Mailing Address

916 ISLAND SHORE DRIVE
W. PALM BEACH FL 33411

916 ISLAND SHORE DRIVE
W. PALM BEACH FL 33411

2. Principal Place of Business

2a. Mailing Address

21 1972 MONKS COURT
Suite, Apt. #, etc.

26 1972 MONKS COURT
Suite, Apt. #, etc.

22 City & State
WEST PALM BEACH, FL

27 City & State
WEST PALM BEACH FL

23 Zip
33415

28 Zip
33415

24 9. Name and Address of Current Registered Agent

30 10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

81 Name: JERRY WOLOSZCZAK
82 Street Address (P.O. Box Number is Not Acceptable)
1252 RAINTREE LANE
83
84 City: WELLINGTON FL 85 Zip Code: 33414

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

Gregory A. Wolf, President

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

3/7/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME: P WOLF, GREGORY A
STREET ADDRESS: 916 ISLAND SHORE DRIVE
CITY - ST - ZIP: W. PALM BEACH FL 33411

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1 1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

2 1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

3 1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

4 1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

5 1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

6 1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Gregory A. Wolf, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/96 407-966-4771

DATE

DATE/PHONE #

CR2E034 (12/95)