2000 UNIFORM BUSINESS REPORT

2/15/00-90043-002-$150.00-$150.00

DOCUMENT # P99000042468

Entity Name

ISLON WOOLF M.D., P.A

FILED

00 APR 28 AM 9:08

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
4302 ALTON ROAD STE 450 MIAMI BEACH, FL 33140	4302 ALTON ROAD STE 450 MIAMI BEACH, FL 33140

3. Principal Place of Business	4. Mailing Address
Street, Apt. #, etc.	Street, Apt. #, etc.
City & State	City & State
Zip / County	Zip / County

DO NOT WRITE IN THIS SPACE

5. FEI Number: 65-0917500 (Applied For / Not Applicable)

Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS
1 FOURTH ST #200
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

Name: ISLON WOOLF

Street Address (P.O. Box Number Not Acceptable): 4302 ALTON RD STE 450

City: MIAMI BEACH FL Zip Code: 33139

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.

4/27/00

Signature(s) of previous registered agent and title if applicable — Date

This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

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

OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
☐ Delete POT ISLON WOOLF 4302 ALTON RD STE 450 MIAMI BEACH, FL 33140	☐ Change ☐ Addition $000057502118----8 -02/15/00--90043--002 ****150.00 ☐ ****150.00
☐ Delete	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X _____ 4/9/00 x 305 534 4637

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE #