

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000042468

1. Corporation Name

ISLON WOOLF M.D., P.A.

Principal Place of Business

4302 ALTON ROAD  
SUITE 450  
MIAMI BEACH FL 33140

Mailing Address

4302 ALTON ROAD  
SUITE 450  
MIAMI BEACH FL 33140

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/07/1999

5. FEI Number

65-0917500

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PDT	WOOLF, ISLON	4302 ALTON ROAD, STE. 450	MIAMI BEACH FL 33140

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8. Name and Address of Current Registered Agent

WOOLF, ISLON  
4302 ALTON ROAD  
SUITE 450  
MIAMI BEACH FL 33140

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/23/12

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES

Date

Daytime Phone # 305-534 4626

CR2E040 (8/02)

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ISLON WOOLF, M.D.  
INTERNAL MEDICINE  
DIPLOMATE, AMERICAN BOARD OF INTERNAL MEDICINE

SUITE 450  
4302 ALTON ROAD  
MIAMI BEACH, FL 33140  
(305) 534-4636

MOUNT SINAI AVENTURA  
2845 AVENTURA BOULEVARD  
SUITE 105  
AVENTURA, FL 33180  
(305) 933-9950

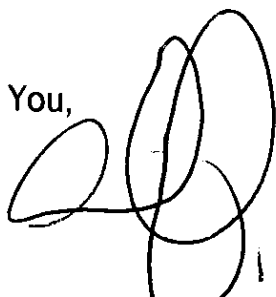
October 22, 2002

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL. 32314-6327

To Whom It May Concern:

Please waive my reinstatement fee for the 2002 annual report. I did not receive the two prior uniform business report notices.

Thank You,

A handwritten signature in black ink, consisting of several loops and a horizontal stroke, appearing to be the name 'Islon Woolf'.

Islon Woolf, M.D., F.A.C.P.