FILED

Mar 17, 2003 8:00 am § Secretary of State

03-17-2003 90593 001 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P99000042468

DOCUMENT #

1. Entity Name ISLON WOOLF M.D., P.A.



				WE TO	7		
Principal Place of Business 4302 ALTON ROAD SUITE 450 MIAMI BEACH FL 33140			Mailing Address 4302 ALTON ROAD SUITE 450 MIAMI BEACH FL 33140				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State			City & State		4. FEI Number 65-0917500 Applied For Not Applied For		
Zip		Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name	and Address of Current	Registered Agent	•	7. Name and Address of New Registered Agent	_	
WOOLF, I	el ON		~-	Name	للمال المال المال المال المالية		
4302 ALT				Street Address	ss (P.O. Box Number is Not Acceptable)		
SUITE 450	_	•			, , , , , , , , , , , , , , , , , , ,	_	
MIAMI BEACH FL 33140				City	FL Zip Code		
8. The above	named entity	y submits this statement for	the purpose of changing it	s registered office or regist	stered agent, or both, in the State of Florida. I am familiar with, and accep	x	
the obligat	tions of regist	ered agent.					
SIGNATURE .	Signature, typed	or printed name of registered agent a	nd title if applicable. (NO	l TE: Registered Agent signature requi	uired when reinstating) DATE		
F		FEE IS \$150.00					
		3 Fee will be \$550.00 Florida Department of	Ctata		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
10.	rayabie to	OFFICERS AND I	•	I 11.	ADDITIONS (CHANGES TO OFFICERS AND DIRECTORS IN 44		
TITLE	PDT	OFFICENS AND I	Delete	TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition	on.	
NAME	WOOLF, IS			NAME 1		"	
STREET ADDRESS CITY-ST-ZIP		ON ROAD, STE. 450 ACH FL 33140		STREET ADDRESS			
TITLE	MIANI DEA	IUN FL 33140	☐ Delete	CITY-ST-ZIP		\exists	
NAME			La Delete	TITLE NAME	☐ Change ☐ Addition	'n	
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
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NAME STREET ADDRESS		- 10 000		NAME		Ì	
DITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP			
TITLE			☐ Delete	TITLE	☐ Change ☐ Additio	,,	
IAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP			<u> </u>	CITY-ST-ZIP		_	
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IAME TREET ADDRESS			,	NAME STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
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IAME	•			NAME		"	
TREET ADDRESS			^	STREET ADDRESS			
ITY-ST-ZIP				CITY-ST-ZIP		}	
2. Thereby o	ertify that the	information supplied with t	his filing does not qualify to	r the exemption stated in S	Section 119 07(3)(i) Florida Statutes, Lifurther certify that the information	\neg	

indicated on this report or supplemental report is true and accurage 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 leport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in of the corporation or the receiver or trustee empowered to changed, or on an attachment with an address with all other

SIGNATURE: