


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90069 042 \*\*\*150.00

<b>DOCUMENT # P99000082579</b>	
1. Entity Name <b>JAMES MICHAEL WOLK, DC, PA</b>	

Principal Place of Business <b>600 NORTH HIATUS RD #101 PEMBROKE PINES FL 33027</b>	Mailing Address <b>1160 BEL AIRE DRIVE EAST PEMBROKE PINES FL 33027</b>
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24007600

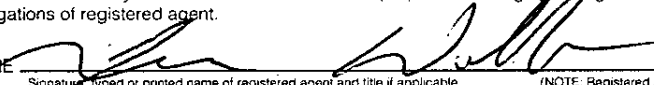


MOORE CR2E034 (11/03)

2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>13440 SW 29 CT.</b> Suite, Apt. #, etc.	
City & State		City & State <b>Davie, FL</b>	
Zip	Country	Zip	Country
		<b>33330</b>	<b>USA</b>

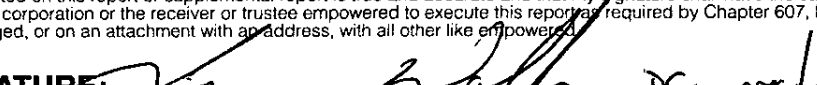
4. FEI Number <b>22-3679245</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>WOLK, JAMES MICHAEL DC 1160 BEL AIRE DRIVE EAST PEMBROKE PINES FL 33027</b>	
7. Name and Address of New Registered Agent Name <b>WOLK, James Michael</b> Street Address (P.O. Box Number is Not Acceptable) <b>13440 SW 29 Court</b> City <b>Davie</b> FL <b>33330</b>	

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 	DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WOLK, JAMES MICHAEL DC</b> <b>1160 BEL AIRE DRIVE EAST</b> <b>PEMBROKE PINES FL 33027</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>WOLK, James Michael</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>13440 SW 29 Ct.</b> <b>Davie, FL 33330</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  <b>DC, president</b>	Date <b>1/28/04</b> Daytime Phone # <b>954-431-6363</b>