2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000082579

1. Entity Name
JAMES MICHAEL WOLK, DC, PA

Principal Place of Business	Mailing Address
600 NORTH HIATUS RD #101 PEMBROKE PINES, FL 33026	13440 SW 29 CT DAVIE, FL 33330

DO NOT WRITE IN THIS SPACE

01042006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
22-3679245	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WOLK, JAMES M PRES.
13440 SW 29 CT
DAVIE, FL 33330

DO NOT WRITE IN THIS SPACE

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_____

Signature, typed or printed name of registered agent and title if applicable   (NOTE. Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	1H0000038024E 01/11/06-80004-020 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	WOLK, JAMES M PRES.
STREET ADDRESS	13440 SW 29 CT
CITY-ST-ZIP	DAVIE, FL 33330

TITLE	
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CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____, pres/of_ 1/5/06 954-431-6365

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #