

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V14564

FILED  
Jan 08, 2006  
Secretary of State

**Entity Name:** JARED WOOLF, D.D.S., AND ASSOCIATES OF VENICE, P.A.

**Current Principal Place of Business:**

DR. JARED WOOLF  
17968 FIELDBROOK CIRCLE  
BOCA RATON, FL 33496 US

**New Principal Place of Business:**

**Current Mailing Address:**

17968 FIELDBROOK CIRCLE S  
BOCA RATON, FL 33496

**New Mailing Address:**

**FEI Number:** 59-3107092

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WOOLF, JARED  
17968 FIELDBROOK CIRCLE  
BOCA RATON, FL 33496 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WOOLF, JARED  
Address: 17968 FIELDBROOK CIRCLE, SOUTH  
City-St-Zip: BOCA RATON, FL 33496

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** JARED WOOLF

D

01/08/2006

Electronic Signature of Signing Officer or Director

Date