


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # V21993
 1. Entity Name
BENNETT L. WOLANSKY, D.P.M., P.A.



Principal Place of Business Mailing Address
 4601 S. UNIVERSITY DRIVE 4601 S. UNIVERSITY DRIVE
 DAVIE, FL 33328 DAVIE, FL 33328

DO NOT WRITE IN THIS SPACE



01032008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0322917	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

AMIGO, FRANK
 120 S UNIVERSITY DR
 SUITE A
 PLANTATION, FL 33324

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PVS WOLANSKY, BENNETT L 4601 S UNIVERSITY DR DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD WOLANSKY, BENNETT L. 4601 S UNIVERSITY DR DAVID, FL 33328
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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:  **D.P.M.** 1-3-08 (954) 680-7133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Bennett L. Wolansky, DPM