

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000038640

**Entity Name:** DOUGLAS WOLFE PA

**Current Principal Place of Business:**

12375 NW 15 STREET  
PEMBROKE PINES, FL 33026

**Current Mailing Address:**

12375 NW 15 STREET  
PEMBROKE PINES, FL 33026 US

**FEI Number:** 26-2419926

**Certificate of Status Desired:** No

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

WOLFE, DOUGLAS C  
12375 NW 15 STREET  
PEMBROKE PINES, FL 33026 US

*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

**Officer/Director Detail :**

Title	P	Title	DIRECTOR
Name	WOLFE, DOUGLAS	Name	WOLFE, STEPHANIE J
Address	12375 NW 15 STREET	Address	4485 NE 141ST AVE
City-State-Zip:	PEMBROKE PINES FL 33026	City-State-Zip:	WILLISTON FL 32696

*I hereby 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 all other like empowered.*

**SIGNATURE:** DOUGLAS WOLFE

**PRESIDENT**

**01/06/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date