**FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00**

009124

PROFIT CORPORATION ANNUAL REPORT

**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

**FILED**
**May 05, 1999 8:00 am**
**Secretary of State**
05-05-1999 90192 030 ***150.00

DOCUMENT # **L88840**

1. Corporation Name
LEAVITT MEDICAL GROUP, P.A.

| Principal Place of Business | Mailing Address |
|---|---|
| % BROAD AND CASSEL<br>390 N. ORANGE AVE.<br>ORLANDO FL 32801<br>US | P.O. BOX 4961<br>ORLANDO FL 32802-4961 |

DO NOT WRITE IN THIS SPACE

| | | |
|---|---|---|
| 2. Principal Place of Business<br>21 383 EAGLE CREEK CIRCLE | 2a. Mailing Address<br>26 120 INTERNATIONAL PARKWAY | 3. Date Incorporated or Qualified<br>07/20/1990 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 SUITE 240 | 4. FEI Number<br>59-3024383 ☐ Applied For ☐ Not Applicable |
| City & State<br>23 LAKE MARY, FL | City & State<br>28 HEATHROW, FLORIDA | 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 32746 / 30 USA | 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |
| | | 8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| LEAVITT, MATT<br>120 INTERNATIONAL PARKWAY<br>SUITE 240<br>HEATHROW FL 32746 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City **FL** 85 Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | PST | ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | LEAVITT, MATT L. | | 1.2 NAME | |
| STREET ADDRESS | 383 EAGLE CREEK CIRCLE | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE MARY FL | | 1.4 CITY-ST-ZIP | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | LEAVITT, MATT L. | | 2.2 NAME | |
| STREET ADDRESS | 383 EAGLE CREEK CIRCLE | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE MARY FL | | 2.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 3.2 NAME | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** MATT L. LEAVITT PRES. 4-24-99 407 333-4200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)