

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

1062

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**FILED**

97 AUG 25 AM 11:24

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



**DOCUMENT # P94000059447 (0)**

1. Corporation Name  
**ISAAC LEVY, M.D., P.A.**

Principal Place of Business 601 N. FLAMINGO RD SUITE 416 PEMBROKE PINES FL 33028 US	Mailing Address 3700 WASHINGTON STREET SUITE 302 HOLLYWOOD FL 33021 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>08/12/1994</b>	3a. Date of Last Report <b>04/23/1996</b>
4. FEI Number <b>65-0525149</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**ROBERT M MILLER PA**  
**5915 PONCE DE LEON BLVD SUITE 12**  
**CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent

81 Name <b>ISAAC LEVY, M.D., P.A.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>601 N. FLAMINGO Rd. SUITE 416</b>
83 <b>PEMBROKE PINES</b>
84 City <b>FLORIDA</b>
85 Zip Code <b>FL 33028</b>

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
<b>D LEVY, ISAAC MD 17903 SW 5TH ST PEMBROKE PINES FL 33029</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>500002278825--6</b>
1.4 CITY - ST - ZIP	<b>-08/27/97--01084--024</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>***165.00 ***165.00</b>
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

CR2E034 (4/97)

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**ISAAC LEVY, M.D.**  
DIPLOMATE, AMERICAN BOARD OF INTERNAL MEDICINE  
HEMATOLOGY/ONCOLOGY  
601 N. FLAMINGO ROAD  
SUITE 416  
PEMBROKE PINES, FLORIDA 33028  
TEL: (305) 450-2805  
FAX: (305) 450-0222

Thursday, August 07, 1997

Annual Reports Filings  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

Dear Sir:

Attached is my 1997 Corporate Annual Report with a \$165.00 check enclosed for the annual fee. We have received a 2nd notice to pay the annual report fee. However, we never received the initial form and payment request so we couldn't have remitted earlier. Please accept our attached check as full payment for the 1997 fee, and please abate any penalty assessment related to our late filing of this form.

Thank you for your consideration in this matter.

Sincerely,

