

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000000022

FILED  
Jan 16, 2004  
Secretary of State

Entity Name: BRUCE J. LEVINE, D.P.M., P.A.

**Current Principal Place of Business:**

2521 COUNTRYSIDE BLVD  
CLEARWATER, FL 34623

**New Principal Place of Business:**

2521 COUNTRYSIDE BLVD  
CLEARWATER, FL 333763

**Current Mailing Address:**

2521 COUNTRYSIDE BLVD  
CLEARWATER, FL 34623

**New Mailing Address:**

2521 COUNTRYSIDE BLVD  
CLEARWATER, FL 33763

FEI Number: 59-3285417

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEVINE, BRUCE J  
2521 COUNTRYSIDE BLVD  
CLEARWATER, FL 34623

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

LEVINE, BRUCE J  
2521 COUNTRYSIDE BLVD  
CLEARWATER, FL 33763

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

01/16/2004

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LEVINE, BRUCE J  
Address: 2521 COUNTRYSIDE BLVD  
City-St-Zip: CLEARWATER, FL 34623

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

Title: D (X) Change ( ) Addition  
Name: LEVINE, BRUCE J  
Address: 2521 COUNTRYSIDE BLVD  
City-St-Zip: CLEARWATER, FL 33763

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BRUCE J. LEVINE, D.P.M.

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DR.

01/16/2004

\_\_\_\_\_  
Date