

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000059447

**Entity Name:** ISAAC LEVY, M.D., P.A.

**Current Principal Place of Business:**

9937 PINES BLVD  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

9937 PINES BLVD  
PEMBROKE PINES, FL 33024 US

**FEI Number:** 65-0525149

**Certificate of Status Desired:** No

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

CACERES, LIDIA  
3735 E COQUINA WAY  
WESTON, FL 33332 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	VD	Title	PD
Name	LEVY, LIDIA	Name	LEVY, ISAAC
Address	3735 E COQUINA WAY	Address	3735 E COQUINA WAY
City-State-Zip:	WESTON FL 33332	City-State-Zip:	WESTON FL 33332

*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:** LIDIA LEVY

VD

03/11/2013

Electronic Signature of Signing Officer/Director Detail

Date