

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **460745** (3)

1. Corporation Name  
**LAURENCE JAY LEVINE, D.D.S., P.A**



Principal Place of Business: **4801 N. FEDERAL HWY. SUITE 201 FT. LAUDERDALE FL 33308**  
Mailing Address: **4801 N. FEDERAL HWY. SUITE 201 FT. LAUDERDALE FL 33308**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: **09/09/1974**  
3a. Date of Last Report: **02/24/1995**  
4. FEI Number: **59-1556076**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

**STREITER, EDWIN H  
6727 SERENA LANE  
BOCA RATON FL 33433**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0607 and 607.1507, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office.

SIGNATURE: *Edwin H Streiter*  
Signature (Type or print name of registered agent with title below)

DATE: *3/4/96*  
Date Registered Agent signed and acknowledged

12. OFFICERS AND DIRECTORS	
TITLE: <b>P</b> NAME: <b>LEVINE, LAURENCE JAY</b> STREET ADDRESS: <b>4801 N. FEDERAL HWY., STE. 201</b> CITY - ST - ZIP: <b>FT. LAUDERDALE FL</b>	<input type="checkbox"/> DELETE
TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:	<input type="checkbox"/> DELETE
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TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE 10. NAME 11. STREET ADDRESS 12. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE 14. NAME 15. STREET ADDRESS 16. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. TITLE 18. NAME 19. STREET ADDRESS 20. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, 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.

SIGNATURE: *Laurence Jay Levine*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **LAURENCE JAY LEVINE D.D.S. PA PRES** *3/4/96* *Doc 776-7001*

CR2E034 (12/95)