

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

**APPROVED  
AND  
FILED**

95 MAR -1 PM 2:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # 478992 (1)**

1. Corporation Name  
**RICHARD L. LEVITT, M.D., P.A.**

Principal Place of Business Mailing Address  
**7000 SW 62 AVE  
STE 200  
S MIAMI FL 33143  
US** **6145 SW 92ST  
SUITE 200  
MIAMI FL 33156  
US**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified **07/02/1975** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **59-1606139** Applied For  Not Applicable   
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

2. Principal Place of Business 2a. Mailing Address  
**21** **26** **3 GROVE ISLE DRIVE**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**22** **27** **APT. 1002**  
City & State City & State  
**23** **28** **MIAMI FL**  
Zip Country Zip Country  
**24** **25** **33133** **29** **30** **USA**

9. Name and Address of Current Registered Agent  
**LEVITT, RICHARD L  
7000 SW 62 AVE STE 200  
S MIAMI FL 33143**

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 607.0502 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LEVITT, RICHARD L., M.D.
STREET ADDRESS	6145 S.W.92ND ST.
CITY-ST-ZIP	MIAMI FL
TITLE	ST
NAME	LEVITT, FREDDA
STREET ADDRESS	6145 S.W.92ND ST.
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3 GROVE ISLE DRIVE APT. 1002
1.4 CITY-ST-ZIP	MIAMI, FL 33133
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	3 GROVE ISLE DRIVE APT. 1002
2.4 CITY-ST-ZIP	MIAMI, FL 33133
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 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 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.

SIGNATURE: *Fredda Levitt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**FREDDA LEVITT**

Date: **3/1/95** 305-868-9353  
Digitally Printed #