


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90395 007 ***150.00

DOCUMENT # 517789	
1. Entity Name OB-GYN ASSOCIATES, HARVEY A. LEVIN, M.D., P.A.	

Principal Place of Business 31922 US 19 NORTH SUITE 488 PALM HARBOR, FL 34684 US	Mailing Address 31922 US 19 NORTH SUITE 488 PALM HARBOR, FL 34684 US
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50038844



2. Principal Place of Business 5504 LITTLE ROAD Suite, Apt. #, etc.	3. Mailing Address 5504 LITTLE ROAD Suite, Apt. #, etc.
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04052005 Chg-P CR2E034 (10/03)

City & State NEW PORT RICHEY FL	City & State NEW PORT RICHEY FL
Zip 34655	Country
Zip 34655	Country

4. FEI Number 59-1695461	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LEVIN HARVEY A. 31922 US 19N STE 488 PALM HARBOR, FL 34684

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5504 LITTLE ROAD NEW PORT RICHEY City FL Zip Code 34655
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Harvey A. Levin* HARVEY A LEVIN, MD 4/1/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEVIN, HARVEY A 31922 US 19 NORTH PALM HARBOR, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5504 LITTLE ROAD NEW PORT RICHEY FL 346553
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Harvey A. Levin* HARVEY A LEVIN, MD 4/1/05 7273765995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #