SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

SHELD	MEN # 54448 ON R. LEVIN, M.D., P.A.		` '					
Principal Plac	ce of Business	Mailing A	ddress			I HOURD BY IL BURN BURN BURN BURN FRANK IN		HILI DIDIL DIDIL IALI
801 N FLAMINGO RD STE 315 PEMBROKE PINES FL 33028		601 N FLAMINGO RD STE 315 PEMBROKE PINES FL 33028						
						3. Date Incorporated or Qualified		
¬ :	lace of Business	2a. Mailin	g Address			4. FEI Number	00/01/	Applied For
Suite, Apt	# etc	26 Suite	Apt #, etc.			59-1768314	····-	Not Applicabl
2	", 0.0	27	ripi #, eic.			5. Certificate of Status Desired	\$	8.75 Additional Fee Required
City & Stat	e	City &	State			6. Election Campaign Financing		\$5.00 May Be
3		28		··		Trust Fund Contribution		Added to Fees
Zip 4	Country	Zip		Count	try	8. This corporation has hability for in		
•]	25 9. Name and Address of Curre	nt Registered A	gent	30		Florida Statutes 10. Name and Address of New Reg	Yes N	
I EN	VIN, SHELDON R.		e - · · · · · · · · · · · · · · · · · ·	8	1 Name	15. Hame and Audiess of New Heg	hoteran wile.	11,
	I N FLAMINGO RD STE 315			8	Street Add	dress (P.O. Box Number is Not Acceptable		
	MBROKE PINES FL 33028					areas (box Normber is Not Acceptable	(9)	
				8	3			
				В	4 City		FL 85	5 Zip Code
agent. I a	to the provisions of sections 607 050 registered agent, or both, in the State im familiar with, and accept the oblig					ooration submits this statement for the purion's board of directors. I hereby accept t		iging its registered ant as registered
agent. I a SIGNATURE	m familiar with, and accept the oblig Signature typed or protein name of regulated an OFFICERS AN	gations of, Section	n 607.0505, Fi	orioa Statute	y the Corporati es	poration submits this statement for the purion's board of directors. Thereby accept the statement of the purion of the statement of the statem	rpose of chan the appointme	ent as registered
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SIGNATURE: 뇛

Mololy June AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/19/96 954-436-2100