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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996
DOCUMENT #

600471

(7)

LEVINSON SURGICAL ASSOCIATES , P.A. Principal Place of Business Mailing Address										
12700 S W 64 COURT MIAMI FL 33156 US		12700 S W 64 COURT MIAMI FL 33156 US								
••			03				3. Date Incorporated or Qualified	l l	te of Last	•
2. Principa! Pla	ace of Busine	ess	2a Mai	ling Address			09/30/1968 4. FEI Number		04/11/1	T
21	Suite, Apt. #, etc.		26 Suite, Apt. #, etc.			59-1222227			Applied For	
								Not Applicable \$8.75 Additional		
22		·	27				5. Certificate of Status Desired			Required
City & State	9		i	& State			6. Election Campaign Financing	F	\$5.0	00 May Be
Zip		Country	28 Zip				Trust Fund Contribution		Add	ed to Fees
4		25	29		Countr 30	У	8. This corporation has liability to Florida Statutes	af intangible : es	tax under s	s 19 9.032,
	g, Name	and Address of Curre		Agent	[30]		10. Name and Address of New		Agent	
					81	Name		Tiegistoree	Agent	
LEVINSON, MELVIN E. 12700 S.W. 64TH CT.					82	Street Ade	dress (P.O. Box Number is Not Accept	abla)		
						.]	areas (i c. box Homber is Not Accept	ess (P.O. Box Number is Not Acceptable)		
MIAMI F	L 33156				83	3				
					84	City			85 Z	ip Code
11, Pursuant to	o the provision				1			FL	1 1	•
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	ed agent, or h, and accep	ons of Sections 607,050 both, in the State of Floi of the obligations of, Sec	02 and 607,150 rida. Such char stron 607,0505,	08, Florida Statu nge was authori , Florida Statuto	ites, the above- ized by the corp as.	named corpo poration's boa	oration submits this statement for the pard of directors. I hereby accept the ap	urpose of ch pointment a	anging its s registere	registered office d agent. I am
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR