

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

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MAY 1 1995
AM 3:04

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Mathison
Secretary of State
UNIVERSITY OF FLORIDA BUILDING

DOCUMENT # **602562** (1)
1. Corporation Name
LEVINE SURGICAL ASSOCIATES, P.A.

Principal Place of Business: **4957 38TH AVE N ST PETERSBURG FL 33710**
Mailing Address: **4957 38TH AVE N ST PETERSBURG FL 33710**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
22. State: **27**
23. City & State: **28**
24. Zip: **29** Country: **30**

3. Date Incorporated or Organized: **12/01/1970**
3a. Date of Last Report: **03/28/1994**
4. FEI Number: **59-1307291**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under S. 199.032 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**LEVINE, STEVEN M
4957 38TH AVENUE NORTH
ST PETERSBURG, FLORIDA
33710**

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

11. Pursuant to the provisions of Sections 607.0602 and 607.1008, 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 607.0602, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME STREET ADDRESS CITY & STATE ZIP	PT LEVINE, STEVEN 4957 38 AVE N ST PETERSBURG FL	1. NAME 2. NAME 3. STREET ADDRESS 4. CITY & STATE 5. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY & STATE ZIP	VS LEVINE, MITCHELL 4957 38 AVE N ST PETERSBURG FL	6. NAME 7. NAME 8. STREET ADDRESS 9. CITY & STATE 10. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY & STATE ZIP		11. NAME 12. NAME 13. STREET ADDRESS 14. CITY & STATE 15. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY & STATE ZIP		16. NAME 17. NAME 18. STREET ADDRESS 19. CITY & STATE 20. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY & STATE ZIP		21. NAME 22. NAME 23. STREET ADDRESS 24. CITY & STATE 25. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information suggested above has been voluntarily furnished and that, not only for the corporation stated in Section 1111 (2) (b), Florida Statutes, but further certify that the subscribers mentioned on this annual report or supplemental annual report as true and correct and that my signature shall have the same legal effect as if made in the truth that I am an officer or director of the corporation or the person or persons authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in this report or block of change or as an attachment to this report.

SIGNATURE: *Steven M. Levine, M.D.* **4/28/95**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Steven M. Levine, M.D.