


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 04, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 602562**

1. Entity Name  
**LEVINE SURGICAL ASSOCIATES, P.A.**



Principal Place of Business  
**4957 38TH AVE N  
 SUITE C  
 ST. PETERSBURG FL 33710**

Mailing Address  
**4957 38TH AVE N  
 SUITE C  
 ST. PETERSBURG FL 33710**



2. Principal Place of Business  
 Suite, Apt. #, etc.:  
 City & State  
 Zip

3. Mailing Address  
 Suite, Apt. #, etc.:  
 City & State  
 Zip

Country

2nd MOORE CR2E034 (4/06)

**6. Name and Address of Current Registered Agent**

**LEVINE, STEVEN M  
 4957 38TH AVENUE NORTH  
 ST. PETERSBURG FL 33710**

4. FEI Number **59-1307291**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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

**FILE NOW!!! FEE IS \$550.00**  
**DUE BY September 6, 2006**  
**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT LEVINE, STEVEN 4957 38TH AVENUE N. ST PETERSBURG FL 33710	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS LEVINE, MITCHELL 4957 38TH AVENUE N. ST PETERSBURG FL 33710	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	U00000573485 08/04/06-80011-008 150.00	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 agents empowered.

**SIGNATURE:** *Steven M. Levine, M.D.* **Steven M Levine MD 8/1/06 727-524402**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #