

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 604560 (3)

1. Corporation Name

KENNETH A. LEVINE, M.D., P.A.



Principal Place of Business

Mailing Address

1551 NORTH PALM AVENUE  
PEMBROKE PINES FL 33026

1551 NORTH PALM AVENUE  
PEMBROKE PINES FL 33026

2. Principal Place of Business

2a. Mailing Address

21 c/o 8000 Peters Road

26 c/o 8000 Peters Road

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

Plantation, Fl. 33324

Plantation, Fl. 33324

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

07/30/1973

3a. Date of Last Report

05/01/1995

4. FEI Number

59-1491536

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEVINE, KENNETH A. M.D.  
1551 NORTH PALM AVENUE  
PEMBROKE PINES FL 33026-0229

81 Name

STEVEN A. WEINBERG

82 Street Address (P.O. Box Number is Not Acceptable)

8000 Peters Road

83

84 City

Plantation

FL

85 Zip Code

33324

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

*STEVEN A. WEINBERG*

4/12/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME ~~LEVINE, KENNETH A. M.D.~~  
STREET ADDRESS ~~1551 NORTH PALM AVENUE~~  
CITY-ST-ZIP ~~PEMBROKE PINES FL~~

☒ DELETE

11 TITLE P/D  
12 NAME JUDITH LEVINE  
13 STREET ADDRESS c/o 8000 Peters Road  
14 CITY-ST-ZIP Plantation, Florida 33324  
☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP  
400001822134  
-05/15/96--01044--005  
\*\*\*200.00  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP  
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Judith Levine*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96 (305)  
774-8000  
DATE DAYTIME PHONE

CR2E034 (12/95)