

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT
CORPORATION
ANNUAL REPORT
1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 605054
 1. Corporation Name

KATZ, CASEY & LEVINE, M.D., P.A.
Principal Place of Business
 5700 N. FEDERAL HWY., #1
 FT. LAUDERDALE FL 33306

Mailing Address
 5700 N. FEDERAL HWY., #1
 FT. LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29

3. Date Incorporated or Qualified

03/01/1974

4. FEI Number

59-1513826

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**

 8. This corporation owes the current year
Intangible Personal Property.
☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAVENDER, MR JOEL
507 SE 11 COURT
FT LUD FL 33316

81 Name

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

83

84 City

FL

85

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	KATZ, ARMAND H MD	
STREET ADDRESS	5700 N. FEDERAL HWY #1	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CASEY, JOSEPH J M.D.	
STREET ADDRESS	5700 N. FEDERAL HWY 1	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	LEVINE, JONATHAN S M.D.	
STREET ADDRESS	5700 N. FEDERAL HWY 1	
CITY-ST-ZIP	FT LAUD FL	
TITLE	ROBERTS, JOHN E. JR	<input type="checkbox"/> DELETE
NAME	5700 N. Federal Hwy	
STREET ADDRESS	FT. Lauderdale, FL 33308	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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 of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Aug 11, 1999 8:00 am
Secretary of State

08-11-1999 90006 023 ***550.00



CR2E034 (5/99)