


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005 8:00 am
Secretary of State

09-06-2005 90136 004 ***150.00

DOCUMENT # 605054 1. Entity Name KATZ, CASEY & LEVINE, M.D., P.A.					
Principal Place of Business 5700 N. FEDERAL HWY., #1 FT. LAUDERDALE, FL 33308			Mailing Address 5700 N. FEDERAL HWY., #1 FT. LAUDERDALE, FL 33308		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LAVENDER, MR JOEL 507 SE 11 COURT FT LUD, FL 33316				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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KATZ, ARMAND H MD		NAME		
STREET ADDRESS	5700 N. FEDERAL HWY #1		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 00000,		CITY-ST-ZIP		
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CASEY, JOSEPH J M.D.		NAME		
STREET ADDRESS	5700 N FEDERAL HWY 1		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 00000,		CITY-ST-ZIP		
TITLE	ST <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEVINE, JONATHAN S M.D.		NAME		
STREET ADDRESS	5700 N FEDERAL HWY 1		STREET ADDRESS		
CITY-ST-ZIP	FT LAUD, FL		CITY-ST-ZIP		
TITLE	ST <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<i>Roberts, John MD</i>		NAME		
STREET ADDRESS	<i>5700 N. Federal Hwy 1</i>		STREET ADDRESS		
CITY-ST-ZIP	<i>FT. Lauderdale, FL 33308</i>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 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 like empowered.					
SIGNATURE: <i>Armand H Katz</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>9/6/05</i> Daytime Phone # <i>954 491-6100</i>		