

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 08:00 AM
Secretary of State

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



07122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1513826

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

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

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
KATZ, ARMAND H MD
5700 N. FEDERAL HWY #1
FT LAUDERDALE, FL 00000,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
CASEY, JOSEPH J M.D.
5700 N FEDERAL HWY 1
FT LAUDERDALE, FL 00000,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ST
ROBERTS, JOHN MD
5700 N FEDERAL HWY 1
FORT LAUDERDALE, FL 33308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 like empowered.

SIGNATURE:

Armand H. Katz MD

Armand H. Katz MD

July 12, 2006

954 491-6400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #