

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90488 024 ***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

4. FEI Number **59-1513826**

Applied For
Not Applicable

Zip Country

Zip Country

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

CHECK HERE IF MAKING CHANGES

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Armando H. Katz, MD*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-03 954 491 6400
Date Daytime Phone #

CR2E034 (10/02)