

2007 FOR PROFIT CORPORATION ANNUAL REPORT



FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90014 017 ***150.00

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03122007 Chg-P CR2E034 (12/06)

DOCUMENT # 620688			
1. Entity Name JOEL M. LEVIN M.D., P.A.			
Principal Place of Business 7800 RED ROAD STE 305 S MIAMI, FL 33143		Mailing Address 7800 RED ROAD STE 305 S MIAMI, FL 33143	
2. Principal Place of Business - No P.O. Box # 8700 N. KENDALL DRIVE		3. Mailing Address	
Suite, Apt. #, etc. STE # 206		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State	
Zip 33176	Country USA	Zip	Country
4. FEI Number 59-1910267		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KRAMER, ROBERT M. 4000 HOLLYWOOD BLVD SUITE 485 SOUTH HOLLYWOOD, FL 33021		7. Name and Address of New Registered Agent 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) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEVIN, JOEL 7800 RED ROAD #305 S MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7650 SW 126 STREET MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 the address, with all other like empowered.			
SIGNATURE: 		Date 3/19/07	Daytime Phone # 305 665 1017