

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

APPROVED
AND
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1997 JUL 31 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **639210**

1. Corporation Name

LEONARD R. LEVY, M.D., P.A.

Principal Place of Business	Mailing Address
6280 Sunset Drive Suite 609 S. Miami, FL 33143	6280 Sunset Drive Suite 609 S. Miami, FL 33143

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	3a. Date of Last Report
10/10/79	04/25/96
4. FEI Number	Applied For
22-2289354	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
Heller, Lawrence R., Esq. Suite 1946, One Biscayne Tower 2 South Biscayne Blvd. Miami, FL 33131

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	NAME
NAME	STREET ADDRESS
CITY - ST - ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY - ST - ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY - ST - ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY - ST - ZIP	
TITLE	NAME
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	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 do 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 or 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: Leonard R. Levy July 29, 1997 (305) 662-2777

CR2E034 (9/96)

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Leonard R. Levy, M. D., P. A.

CARDIAC, THORACIC AND VASCULAR SURGERY

SUNSET PROFESSIONAL BUILDING
6280 SUNSET DRIVE
SUITE 609
SOUTH MIAMI, FLORIDA 33143
TELEPHONE (305) 662-1666

July 29, 1997

Annual Reports Filings
P.O. Box 6327
Tallahassee, Florida 32314

RE: CORPORATION ANNUAL REPORT

Dear Sirs:

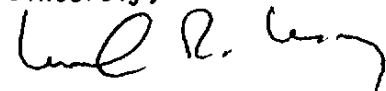
I am enclosing a copy of the letter I had mailed to you, dated June 16, 1997, explaining the reason for the delinquency in filing my 1997 Profit Corporation Annual Report. I am also enclosing the completed report, accompanied with the filing fee of \$165.00.

Once again, I had never received the initial report form which you had sent to me, most likely because my practice has markedly changed wince my hand injury. I share my office with another medical practice, and, quite likely, the initial form was lost.

I hope that this will resolve the issue. I will do my utmost to insure that my annual report for next year will be filed on time. I will highlight my calendar to be on the lookout for the form, and then complete it and return it to you before May 1st.

Thank you for your assistance in issuing me a new form.

Sincerely,



Leonard R. Levy, M.D.