2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State
03-24-2006 90036 036 ***150.00

DOCUMENT # 671031

1. Entity Name
PHILIP LEVITT, M.D., P.A.

Principal Place of Business
1411 N. FLAGLER DR. STE. 6200
WEST PALM BEACH, FL 33401

Mailing Address
1411 N. FLAGLER DR. STE. 6200
WEST PALM BEACH, FL 33401

50005439

01142006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
931 Village Blvd		931 Village Blvd	
Suite, Apt. #, etc. #905-513		Suite, Apt. #, etc. #905-513	
City & State WPB FL		City & State WPB FL	
Zip 33409	Country USA	Zip 33409	Country USA

4. FEI Number 59-2004778 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVITT, PHILIP
1411 N. FLAGLER DR. STE. 6200
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name Levitt, Philip
Street Address (P.O. Box Number is Not Acceptable) 10 Shannon Circle
City WPB FL Zip Code 33401

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] 3/21/06
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
After May 1, 2006 Fee will be $550.00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT LEVITT, PHILIP 1411 N FLAGLER DR #6200 W PALM BEACH FL,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Levitt, Philip 10 Shannon Circle W.P.B FL 33401	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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 an address, with all other like empowered.

SIGNATURE: [signature] 3/21/06 561-697-5356
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #