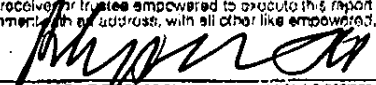


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2008 08:00 A
Secretary of State

DOCUMENT # 671031			
1. Entity Name PHILIP LEVITT, M.D., P.A.			
Principal Place of Business 931 VILLAGE BLVD. #905-513 WEST PALM BEACH, FL 33409	Mailing Address 931 VILLAGE BLVD. #905-513 WEST PALM BEACH, FL 33409		
DO NOT WRITE IN THIS SPACE		01042008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2004778	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEVITT, PHILIP 10 SHANNON CIRCLE WEST PALM BEACH, FL 33401		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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U000000778644 01/11/08-80005-021 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT LEVITT, PHILIP 10 SHANNON CIRCLE WEST PALM BEACH, FL 33401		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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 all other like empowered.			
SIGNATURE: 		12/31/07 561-689-5162	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	