

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

**FILED**

**Apr 11 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F02478 (8)**

**1. Corporation Name  
LEVY, BAKER, CONSTINE & GREENBERG, M.D., P.A.**



Principal Place of Business <b>2450 HARBOR BLVD. C/O KENNETH D. LEVY, M.D. PORT CHARLOTTE FL 33952 US</b>		Mailing Address <b>2450 HARBOR BLVD. C/O KENNETH D. LEVY, M.D. PORT CHARLOTTE FL 33952-5039 US</b>		<b>3. Date Incorporated or Qualified</b> <b>10/21/1980</b>	<b>3a. Date of Last Report</b> <b>05/01/1996</b>
<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	<b>4. FEI Number</b> <b>59-2050967</b>	Applied For Not Applicable		
		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>		
		<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>		
		<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

<b>9. Name and Address of Current Registered Agent</b> <b>LEVY, KENNETH D. 2450 HARBOR BLVD. PORT CHARLOTTE FL 33952</b>				<b>10. Name and Address of New Registered Agent</b>			
				<b>81 Name</b>			
				<b>82 Street Address (P.O. Box Number is Not Acceptable)</b>			
				<b>83</b>			
				<b>84 City</b>	<b>FL</b>	<b>85 Zip Code</b>	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE <b>LEVY, KENNETH D.</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>22901 BAYSHORE</b>	1.2 NAME	
STREET ADDRESS	<b>PORT CHARLOTTE FL</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	DST <input type="checkbox"/> DELETE <b>BAKER, STEVEN S.</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>4461 GARDNER DR.</b>	2.2 NAME	
STREET ADDRESS	<b>PORT CHARLOTTE FL</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	VDP <input type="checkbox"/> DELETE <b>CONSTINE, RONALD M.</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>18444 BRIGGS CR</b>	3.2 NAME	
STREET ADDRESS	<b>PORT CHARLOTTE FL</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	VDP <input type="checkbox"/> DELETE <b>GREENBERG, DALE A.</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>137 CREEK DR.</b>	4.2 NAME	
STREET ADDRESS	<b>PORT CHARLOTTE FL</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: *[Handwritten Signature]* DATE: **4/7/97**

CR2E034 (9/96)