Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F02478

1. Corporation Name

Principal Place of Business

LEVY, BAKER, CONSTINE & GREENBERG, M.D., P.A.

FILED											
May	08, 19	999	8:00	am							
Seci	retary	of	State	•							
	-1999 9002										



2450 HARBOR E C/O KENNETH PORT CHARLOT US	H.D. LEVY, M.D. C/O KENNETH D. LEVY, M.D.				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/21/1980					
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number			Appl	ed For	
21		26			59-2050967			<u> </u>	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired				ditional	
22		27						e Requ		
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	3		.00 M	, ,	
Zip 24	Country 25	Zip 30	Country		This corporation owes the current Personal Property Tax.		ngible Yes]No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Reg	istered A	gent			
			81	Name						
Levy, Kenneth D. 2450 Harbor Blvd.			82	Street Add	treet Address (P.O. Box Number is Not Acceptable)					
POR	CHARLOTTE FL 33952		83				_			
			84	City			85	Zip Co	de	
				,		<u>FL</u>		_		
office or re agent. I ar	egistered agent, or both, in the State o n familiar with, and accept the obligati	ons of, Section 607.0505, Florida	rized by Statutes	the corporati	poration submits this statement for the pur on's board of directors. I hereby accept th	ne appoin	tment a	as regi	stered	
	Signature, typed or printed name of registered agent		13.	t signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFIC		DIRE	CTOR	S IN 12	
TITLE	OFFICERS AND	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO GITTE	LIKE / III	Cha		Addition	
	LEVY, KENNETH D.		1.2 NAME				_		_	
NAME	22901 BAYSHORE	•	1.3 STREET	ADDRESS					ĺ	
STREET ADDRESS CITY-ST-ZIP	PORT CHARLOTTE FL		1.4 CITY-S							
TITLE	DST	☐ DELETE	2.1 TITLE	-			Cha	ange	Addition	
NAME	BAKER, STEVEN S.		22 NAME						1	
STREET ADDRESS	4461 GARDNER DR.		2.3 STREET	ADDRESS						
CITY-ST-ZIP	PORT CHARLOTTE FL		2. 4 CITY-S	T-ZIP	·	_				
TITLE	VDP	☐ DELETE	3.1 TITLE				Cha	ange	☐ Addition	
NAME	CONSTINE, RONALD M.	Í	32 NAME							
STREET ADDRESS	18444 BRIGGS CR		3 3 STREET	ADDRESS						
CITY-ST-ZIP	PORT CHARLOTTE FL		3.4. CITY-S	iT-ZIP						
TITLE	VDP	☐ DELETE	4.1 TITLE				Cha	ange	☐ Addition	
NAME	Greenberg, dale a.		4, 2 NAME							
STREET ADDRESS	137 CREEK DR.		43 STREET	ADDRESS						
CITY-ST-ZIP	PORT CHARLOTTE FL		4.4 CITY-S	T-ZIP			F7 65		- Addition	
TITLE	VOP DOLLET A	☐ DELETÉ	5.1 TITLE				Cha	anye	☐ Addition	
NAME	HANSELL, ROBERT A 2450 HAPBOR BUP		5.2 NAME	- ADDDC00						
STREET ADDRESS	2450 HAP BOK BUY		5.3 STREET	- 1					}	
CITY-ST-ZIP	OT. CHALLOTE, R.	□ oriete	5.4 CITY-S	1-412			Cha	ange	Addition	
TITLE		☐ DELETE	6.2 NAME					a. 190		
NAME				r Annocee						
STREET ADDRESS			6.3 STREE	TADDRESS					Ì	

14. I 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 attacknown an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR