

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003689

FILED
Jan 11, 2005
Secretary of State

Entity Name: LEAVITT MEDICAL GROUP, P.C.

Current Principal Place of Business:

2600 LAKE LUCIEN DRIVE, SUITE 180
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

2600 LAKE LUCIEN DRIVE, SUITE 180
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 58-2457881

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEAVITT, MICHAEL
2600 LAKE LUCIEN DRIVE, SUITE 180
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: LEAVITT, MATT D.O.
Address: 2600 LAKE LUCIEN DRIVE, SUITE 180
City-St-Zip: MAITLAND, FL 32751

Title: ST () Delete
Name: LEAVITT, MICHAEL
Address: 2600 LAKE LUCIEN DRIVE, SUITE 180
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL D. LEAVITT

ST

01/11/2005

Electronic Signature of Signing Officer or Director

Date