

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F82021 (9)

1. Corporation Name

GEORGE LEVY, M.D., P.A.

Principal Place of Business

7301 N. UNIVERSITY DR
STE 100
TAMARAC FL 33321-2978

Mailing Address

7301 N. UNIVERSITY DR
STE 100
TAMARAC FL 33321-2978

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/19/1982	3a. Date of Last Report 02/01/1994
4. FEI Number 59-2334461	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 7171 UNIVERSITY DR Suite, Apt. #, etc.	26 7171 UNIVERSITY DR Suite, Apt. #, etc.
22 SUITE 200 City & State	27 SUITE 200 City & State
23 TAMARAC, FL Zip Country	28 TAMARAC, FL Zip Country
24 33321 USA	29 33321 USA

9. Name and Address of Current Registered Agent

LEVY, GEORGE, M.D.
7301 N. UNIVERSITY DR.
STE 100
TAMARAC FL 33321

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
7171 UNIVERSITY DR
83 SUITE 200
84 City
TAMARAC FL 85 Zip Code
33321

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, report or printed name of registered agent and how it appears)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LEVY, GEORGE
STREET ADDRESS	7301 N. UNIVERSITY DR. STE 100
CITY, ST, ZIP	TAMARAC FL 33321
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☒ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	7171 UNIVERSITY DR SUITE 200
14 CITY, ST, ZIP	TAMARAC, FL 33321
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/95

305-726-2025
(Typed Name)