## 2008 FOR PROFIT CORPORATION

## **ANNUAL REPORT DOCUMENT # G66838** 1. Entity Name TERRY M. LEVY, PH.D., PROFESSIONAL ASSOCIATION

01032008

**FILED** Jan 31, 2008 08:00 AN **Secretary of State** 

Principal Place of Business C/O HORENSTEN 7600 RED ROAD 7600 RED ROAD- STE 210 MIAMI, FL 33143 US

Mailing Address

C/O HORENSTEN 7600 RED ROAD 7600 RED ROAD- STE 210 MIAMI, FL 33143

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPAC			<del></del>			Applied For
			59-2339552			Not Applicable
			5. Certificate of Status Desired Security Securi			
6. Name and Address of Current Registered Agent						
LEVY, TERRY M. C/O HORENSTEN 7600 RED ROAD- STE 210 MIAMI, FL 33143			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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE						
FILE NOWII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.			cing 🗆	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS						
TITLE	DP					
NAME Street Address	LEVY, TERRY M % HORENSTEN- 7600 RED ROAD- STE 210					
CITY-ST-ZIP	MIAMI, FL 33143					}
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U000008075 02/07/08-8001	03 2-004 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRIT	E
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>-</sup>	THIS SPAC	E

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as fequired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

305-665-3600