

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 05, 2004 8:00 am Secretary of State 02-02-2004 90025 026 ***150.00

	MENT # (380945		*								
1. Entity Name DRS. LEVY & SHAPIRO, M.D., P.A.												
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Principal Place of Business Mailing Address 21110 BISCAYNE BLVD 21110 BISCAYNE BLVD					ч, •	2 .	••.	•	,			
203 North Miami Beach, FL 33180 **** North Miami Beach, FL 331					80		1 / 8 f /ii/ 121 /i	100 EU NO 1501 673 1 6 1	IA BESTA Tiga but	II TITA PILI III	esa Con in orda	
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01272004	Chg-P	CR2E0	34 (10/03)		
City & State			City & State			1			plied For Applicable			
Zip —.	Country		Zip			5. Certificate of Status Desi			Fee Hequired			
6Name and Address of Current Registered Agent							7. Name and	Address of New I	legistered.	Agent		
-GORDON, HOWARD W						Street Address (P.O. Box Number is Not Acceptable)						
100 SE 2ND STREET, 17TH FLOOR MIAMI, FL 33131						Sectional Control of the Control of						
					City				FL	Zip Code	,	
B. 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 algorithm (equired when reinstating) DATE												
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees												
10.		OFFICERS AND		11.			ADDITIONS	CHANGES TO OF	FICERS AND	DIRECTOR		
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12. I hereby indicated	certify that the info	mation supplied with supplemental report is	this filing does not qual true and accurate and	ily for the exc that my sign	emption state stare shall ha	d in Se	ction 119.07(3) same legal effec	i), Florida Statutes I as if made under	. I further ce cath; that i	ntify that the in am an officer	nformation or director	
12. 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 report or supplemental report is true and accurate and that my signador's shall have the same legal effect as if made under oath; that if am an officer or director of the corporation or the receiver of fusitee empowered to execute this report as required 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.												
SIGNAT	TURE:					•	1/	28/04	305-	132-3	000	