

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H17112 (4)

1. Corporation Name
RONALD DOUGLAS LEVY, M.D., P.A.



Principal Place of Business Mailing Address
**HOLMES REGIONAL MEDICAL CENTER
1350 S HICKORY ST
MELBOURNE FL 32901
US** **855 SANDERLING DR
INDIALANTIC FL 32903**

3. Date Incorporated or Qualified **08/14/1984** 3a. Date of Last Report **01/24/1995**
4. FEI Number **59-2445008** 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 State, Apt. #, etc. 26 State, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

g. Name and Address of Current Registered Agent
**MOSS, JOEL S., ESQ.
47 WEST NEW HAVEN AVE., SUITE 200
MELBOURNE FL 32901**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0507 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 _____ DATE _____
Signature of the person who is a director, officer, or registered agent. NOTE: Registered Agent signature to post when filing.

12. OFFICERS AND DIRECTORS
TITLE DELETE
NAME **DP LEVY, RONALD D., M.D.**
STREET ADDRESS **855 SANDERLING DR.**
CITY-ST-ZIP **INDIALANTIC FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE Change Addition
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP
5. TITLE Change Addition
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP
9. TITLE Change Addition
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP
13. TITLE Change Addition
14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, 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 a separate statement with an address.

SIGNATURE: *Ronald Levy* 1/19/96 (407) 676-7116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filed Day/Mo/Yr

CR2E034 (12/95)