

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 08:00 AM
Secretary of State

per 1-19-05 ck # 3

DOCUMENT # H17112
 1. Entity Name
 RONALD DOUGLAS LEVY, M.D., P.A.



Principal Place of Business Mailing Address
 HOLMES REGIONAL MEDICAL CENTER PO BOX 1000
 1350 S HICKORY ST MELBOURNE, FL 32902-1000 US
 MELBOURNE, FL 32901 US



01192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 59-2445008 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MOSS, JOELS S ESQ.
 1900 S HARBOR CITY BLVD.
 STE. 346
 MELBOURNE, FL 32901

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEVY, RONALD D., M.D. 855 SANDERLING DR. INDIALANTIC, FL 32903
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 01/24/05-80036-024 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ronald Levy 1/19/05 (321) 434-7116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #