

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90320 036 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

60025389



01042006 Chg-P CR2E034 (11/05)

DOCUMENT # H17112			
1. Entity Name RONALD DOUGLAS LEVY, M.D., P.A.			
Principal Place of Business HOLMES REGIONAL MEDICAL CENTER 1350 S HICKORY ST MELBOURNE, FL 32901 US		Mailing Address PO BOX 1000 MELBOURNE, FL 32902-1000 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
Zip		Country	
4. FEI Number 59-2445008		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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		7. Name and Address of New Registered Agent Name: RONALD DOUGLAS LEVY, MD, PA Street Address (P.O. Box Number is Not Acceptable): 855 SANDERLING DR. City: INDIALANTIC FL Zip Code: 32903	
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:		RONALD LEVY	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
DATE: 4-7-06			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, RONALD D., M.D.	NAME	
STREET ADDRESS	855 SANDERLING DR.	STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC, FL 32903	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing 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 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:		4-7-06 (321) 434-7116	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	