

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H17112

FILED
Mar 20, 2009
Secretary of State

Entity Name: RONALD DOUGLAS LEVY, M.D., P.A.

Current Principal Place of Business:

HOLMES REGIONAL MEDICAL CENTER
1350 S HICKORY ST
MELBOURNE, FL 32901 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1000
MELBOURNE, FL 329021000 US

New Mailing Address:

FEI Number: 59-2445008

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVY, RONALD D MD,PA
855 SANDERLING DR
INDIALANTIC, FL 32903 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LEVY, RONALD D., M.D., .
Address: 855 SANDERLING DR.
City-St-Zip: INDIALANTIC, FL 32903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD LEVY

DR.

03/20/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date