2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2006
Secretary of State

DOCUMENT# J21499

Entity Name: LEBOWITZ MEDICAL GROUP, P.A.

Current Principal Place of Business:

3234 SOUTH FLORIDA AVE.
SUITE E & F
LAKELAND, FL 33803

New Principal Place of Business:

3242 COVE BEND DRIVE
TAMPA, FL 33613 US

Current Mailing Address:

3234 SOUTH FLORIDA AVE.
SUITE E & F
LAKELAND, FL 33803

New Mailing Address:

3242 COVE BEND DRIVE
TAMPA, FL 33613

FEI Number: 59-2681560 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LEBOWITZ, CHARLES
3234 SOUTH FLORIDA AVE.
SUITE E & F
LAKELAND, FL 33803 US

Name and Address of New Registered Agent:

LEBOWITZ, CHARLES M.D.
3242 COVE BEND DRIVE
TAMPA, FL 33613 US

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: CHARLES LEBOWITZ, M.D. 07/26/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: LEBOWITZ, CHARLES
Address: 3234 SOUTH FLORIDA AVE., STE. E & F
City-St-Zip: LAKELAND, FL 33803

Title: V ( ) Delete
Name: LEBOWITZ, SHARON
Address: 3234 SOUTH FLORIDA AVE., STE. E & F
City-St-Zip: LAKELAND, FL 33803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change ( ) Addition
Name: LEBOWITZ, CHARLES
Address: 3234 SOUTH FLORIDA AVE., STE. E & F
City-St-Zip: LAKELAND, FL 33803

Title: V (X) Change ( ) Addition
Name: LEBOWITZ, SHARON
Address: 3242 COVE BEND DRIVE
City-St-Zip: TAMPA, FL 33613 FL

I hereby certify that the information supplied with this filing does not qualify for the 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: SHARON LEBOWITZ MANG 07/26/2006
Electronic Signature of Signing Officer or Director Date