

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90022 014 ***150.00

DOCUMENT # J21499

1. Entity Name:
LEBOWITZ MEDICAL GROUP, P.A.



Principal Place of Business
3242 COVE BEND DRIVE
TAMPA FL 33613
US

Mailing Address
3242 COVE BEND DRIVE
TAMPA FL 3361-3



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-2681560

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEBOWITZ, CHARLES M.D.
3242 COVE BEND DRIVE
TAMPA FL 3361-3

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE MD
NAME LEBOWITZ, CHARLES
STREET ADDRESS 3234 SOUTH FLORIDA AVE., STE. E & F
CITY-ST-ZIP LAKELAND FL 33803 ☐ Delete

TITLE
NAME 3242 COVE BEND DRIVE
STREET ADDRESS TAMPA FL. 33613
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE V
NAME LEBOWITZ, SHARON
STREET ADDRESS 3242 COVE BEND DRIVE
CITY-ST-ZIP TAMPA FL 33613 ☐ Delete

TITLE
NAME 3242 COVE BEND DRIVE
STREET ADDRESS TAMPA, FL. 33613
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/07

Date

813-978-1100

Daytime Phone #