

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 13 AM 11:46

DOCUMENT # J25286

(2)

1. Corporation Name

BARRY A. LEVIN, D.D.S., P.A.

Principal Place of Business

820 NORTH STATE ROAD 434
ALTAMONTE SPRINGS FL 32714

Mailing Address

820 NORTH STATE ROAD 434
ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1986

3a. Date of Last Report

01/21/1994

4. FBI Number

59-2688246

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 903 North State Rd 434
Suite, Apt. #, etc.

2a. Mailing Address

26 903 North State Rd 434
Suite, Apt. #, etc.

City & State

23 Altamonte Spgs FL

City & State

28 Altamonte Spgs FL

Zip

24 32714

Country

25 USA

Zip

29 32714

Country

30 USA

9. Name and Address of Current Registered Agent

LEVIN, BARRY
534 BIRDSONG COURT
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and filed address

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LEVIN, BARRY A., DDS
STREET ADDRESS	820 N. STATE RD. 434
CITY - ST - ZIP	ALTAMONTE SPRINGS FL
TITLE	ST
NAME	LEVIN, PAMELA L.
STREET ADDRESS	820 N. STATE RD. 434
CITY - ST - ZIP	ALTAMONTE SPRINGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☒ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	903 North S.R. 434
14 CITY - ST - ZIP	Altamonte Spgs FL 32714
21 TITLE	☒ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	802 North S.R. 434
24 CITY - ST - ZIP	Altamonte Spgs FL 32714
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.06(4)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barry Levin
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

1/31/95 40746 82-1818
DATE Registered Agent's