FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 26 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J70383** **(1)**

1. Corporation Name
ROBERT I. LEVY FAMILY CARE ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
1651 SE TIFFANY AVE (34952) P O BOX 7249 PORT SAINT LUCIE FL 34985	1651 SE TIFFANY AVE (34952) P O BOX 7249 PORT SAINT LUCIE FL 34985

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/27/1987**
3a. Date of Last Report: **03/14/1994**

2. Principal Place of Business	2a. Mailing Address
21 1651 S.E. Tiffany Ave.	26 1651 S.E. Tiffany Ave.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Port St. Lucie, FL	City & State 28 Port St. Lucie, FL
Zip 24 34952 Country 25 USA	Zip 29 34952 Country 30 USA

4. FEI Number: **59-2829962** ☐ 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

9. Name and Address of Current Registered Agent

LEVY, ROBERT I.
1651 SE TIFFANY AVE (34952)
P O BOX 7249
PORT SAINT LUCIE FL 34985

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	LEVY, ROBERT I	1.2 NAME	
STREET ADDRESS	2099 NW PINETREE WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	
TITLE	DVP	2.1 TITLE	☐ Change ☐ Addition
NAME	GLIDER, ROSS E	2.2 NAME	
STREET ADDRESS	841 CATALINA ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	☐ Change ☐ Addition
NAME	FALKENBERG, RICHARD	3.2 NAME	
STREET ADDRESS	1801 SE ERWIN RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PT ST LUCIE FL	3.4 CITY-ST-ZIP	
TITLE	DT	4.1 TITLE	☐ Change ☐ Addition
NAME	COHEN, DEAN S	4.2 NAME	
STREET ADDRESS	2101 SE HERRON	4.3 STREET ADDRESS	
CITY-ST-ZIP	PT ST LUCIE FL	4.4 CITY-ST-ZIP	
TITLE	DVP	5.1 TITLE	☐ Change ☐ Addition
NAME	YOUNG, ERIC K	5.2 NAME	
STREET ADDRESS	5210 HICKORY DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	5.4 CITY-ST-ZIP	
TITLE	DVP	6.1 TITLE	☐ Change ☐ Addition
NAME	URBAN, KENNETH	6.2 NAME	
STREET ADDRESS	1344 SE MACARTHUR BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	6.4 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 119.07(3)(k), 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: X _____ (407) 335-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ROBERT I. LEVY, PRESIDENT

0444837 FP