FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

1. Corporation Name

ROBERT I. LEVY FAMILY CARE ASSOCIATES, P.A.

Principal Place of Business

1651 S E TIFFANY AVENUE
P O BOX 7249
PORT ST LUCIE FL 34952
US

Mailing Address

1651 S E TIFFANY AVENUE
P O BOX 7249
PORT ST. LUCIE FL 34952
US

3. Date Incorporated or Qualified: **04/27/1987**

3a. Date of Last Report: **04/26/1995**

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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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 607.1502, 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 _____ Date

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	LEVY, ROBERT I	
STREET ADDRESS	2099 NW PINETREE WAY	
CITY-ST-ZIP	STUART FL	
TITLE	DVP	☐ DELETE
NAME	GLIDER, ROSS E	
STREET ADDRESS	841 CATALINA ST	
CITY-ST-ZIP	PALM CITY FL	
TITLE	DS	☐ DELETE
NAME	FALKENBERG, RICHARD	
STREET ADDRESS	1801 SE ERWIN RD	
CITY-ST-ZIP	PT ST LUCIE FL	
TITLE	DT	☐ DELETE
NAME	COHEN, DEAN S	
STREET ADDRESS	2101 SE HERRON	
CITY-ST-ZIP	PT ST LUCIE FL	
TITLE	DVP	☐ DELETE
NAME	YOUNG, ERIC K	
STREET ADDRESS	5210 HICKORY DR	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	DVP	☐ DELETE
NAME	URBAN, KENNETH	
STREET ADDRESS	1344 SE MACARTHUR BLVD	
CITY-ST-ZIP	STUART FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change	☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	☐ Change	☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	☐ Change	☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	☐ Change	☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	☐ Change	☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	☐ Change	☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(i), 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 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

CR2E034 (12/95)