


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # K22740 1. Entity Name STEPHEN H. LEVINE, M.D., F.A.C.S., P.A.	
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Principal Place of Business 873 STERTHAUS AVENUE SUITE 206-A ORMOND BEACH, FL 32174	Mailing Address 873 STERTHAUS AVENUE SUITE 206-A ORMOND BEACH, FL 32174
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DO NOT WRITE IN THIS SPACE

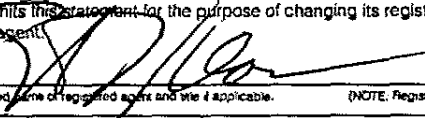
02032005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2888856	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MONACO, SMITH, PERKINS, LOUCKS & STOUT 444 SEABREEZE BLVD SUITE 900 DAYTONA BEACH, FL 32118

DO NOT WRITE IN THIS SPACE

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.

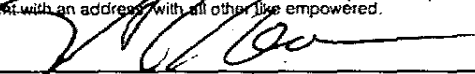
SIGNATURE  DATE 4/1/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEVINE, STEPHEN H. 873 STERTHAUS AVE., SUITE 206-A ORMOND BEACH, FL 32174
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 line empowered.

SIGNATURE:  DATE 4/1/05 DAYTIME PHONE # 386-673-8588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR