

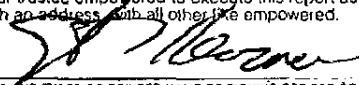


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # K22740		
1. Entity Name STEPHEN H. LEVINE, M.D., F.A.C.S., P.A.		
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
DO NOT WRITE IN THIS SPACE		
		 01042006 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-2888856
		Applied For <input type="checkbox"/> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OP LEVINE, STEPHEN H. 873 STERTHAUS AVE., SUITE 206-A ORMOND BEACH, FL 32174	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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		1-31-06 3866738588 Date Daytime Phone #