**2005 FOR PROFIT CORPORATION** ANNUAL REPORT (AR)

850.245-6056

3/4/05 (74) 443-5211 Destrice Prices 4

DOCUMENT # L10888				] [] []			4	Secretary of State				
VICTOR LEVY, M.D., P.A.									v			
							<b>'</b>					
Principal Pla	ce of Busines	s	Mailir	Mailing Address								
300 JEFFO STE A	RDS ST			300 JEFFORDS ST. STE A								
CLEARWATER FL 33756 US				CLEARWATER FL 33756				TO 1811 671 JURIJ DO TO 1887 STOTE	(1), 0,1)   NOTE			
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				<del></del>	CR2E034 (*	<u> </u>		
City & State				City & State			4. FEI Num	<sup>ber</sup> 59-2971045			oplied For ot Applicable	
Zip	p Country			Zip Co		ntry	5. Certificate of Status Desired See Required \$8.75 Additional					
	6. Name	and Address of Currer	nt Registere	ed Agent		None	7. Name ar	d Address of New Re	egistered Age	ent		
LEVY, VICTOR						Name						
300 JEFFORDS ST STE A CLEARWATER FL 33756						Street Address	(P.O. Box Num	ber is Not Acceptable;	)			
						City		<del> </del>		Zin Cod		
8. The above named entity submits this statement for the purpose of changing its regist								· · · · · · · · · · · · · · · · · · ·	FL	Zip Cod		
8. The above the obliga	e named entity tions of regist	y submits this statement ered agent.	for the purp	oose of changing its	s register	ed office or regist	ered agent, or b	oth, in the State of Flor	rida. I am farr	iiliar with,	and accept	
SIGNATURE										-		
	Signature, typed	of printed name of registered age	nt and tille if app	slicable (NOT	£ Registere	a Agent signature requir	ed when reinstaling)		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State								9. Election Campai Trust Fund Contr			00 May Be ed to Fees	
10.	· <del>* </del>	OFFICERS AN	D DIRECTO	AS .	11.		ADDITIONS	CHANGES TO OFFIC	CERS AND DI	RECTORS	3 IN 11	
TITLE NAME	D VIC	: TOB	-	☐ Delete	hid NAM					Change	Addition	
STREET ADDRESS	LEVY, VICTOR SS 300 JEFFORDS ST STE A					ET ADORESS		000000278736 03/28/05-80039-002 150.00				
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NAME					NAME	i			<del></del>	-	-	
STREET ADDRESS CITY-ST-ZIP						ST-ZIP					}	
indicated	on this report	information supplied with or supplemental report	<i>i</i> s true and a	accurate and that n	nv sianati	ure shall have the	same legal effe	ct as if made under oa	ith: that I am a	an officer (	or director	
changed,	or on an attac	e receiver or trustee em chment with an address	with anyothe	er like empowered.	as requir	ed by chapter po	rr, riunua siallii	es, and that my hame	ahhears in Ph	JUN 10 DE	DIOCK I I (E	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_