2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005
Secretary of State

DOCUMENT# N98000003731

Entity Name: THE DR. JOSEPH S. LEVY AND CAROLE R. LEVY FGAMILY FOUNDATION, INC.

Current Principal Place of Business:

21013 N.E. 38TH AVENUE
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

21013 N.E. 38TH AVENUE
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 65-0871713 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DONOFF, CRAIG
18305 BISCAYNE BLVD.
SUITE 300
AVENTURA, FL 33160 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LEVY, JOSEPH S DR.
Address: 21013 N.E. 38TH AVENUE
City-St-Zip: AVENTURA, FL 33180

Title: D ( ) Delete
Name: LEVY, CAROLE R
Address: 21013 N.E. 38TH AVENUE
City-St-Zip: AVENTURA, FL 33180

Title: D ( ) Delete
Name: LEVY, SION
Address: 21013 N.E. 38TH AVENUE
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH LEVY,M.D. D 03/21/2005

Electronic Signature of Signing Officer or Director — Date