


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000011806
1. Entity Name
LESLIE LEVINE, M.D., P.A.



Principal Place of Business
660 GLADES RD #310
BOCA RATON, FL 33431

Mailing Address
20423 STATE RD 7 #260
BOCA RATON, FL 33498

DO NOT WRITE IN THIS SPACE



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1071503

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LEVINE, LESLIE MD
20423 STATE ROAD 7 #260
BOCA RATON, FL 33498

**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 _____
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, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

UN0000021612
01/30/04-80011-012 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEVINE, LESLIE 21729 FALL RIVER DR BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

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 like empowered.

SIGNATURE: Leslie Levine MD 1/19/04 561-361-3133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #