

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90014 020 ***150.00

DOCUMENT # P01000020434

1. Entity Name
EPHYSICIAN'S OFFICE, INC.



Principal Place of Business

Mailing Address

300 JEFFORDS STREET
SUITE A
CLEARWATER, FL 33756

1417 S. BELCHER RD
SUITE A
CLEARWATER, FL 33764

VICTOR LEVY, M.D.
1660 GULF BLVD
#603
CLEARWATER, FL 33767

40034701



DO NOT WRITE IN THIS SPACE

03012006 No Chg-P CR2E034 (11/05)

4. FEI Number
90-0012320

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LEVY, VICTOR M.D.
300 JEFFORDS STREET
SUITE A
CLEARWATER, FL 33756

LEVY, VICTOR, M.D.
1417 S. BELCHER RD
SUITE A
CLEARWATER, FL 33764

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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

Victor Levy, Officer

(NOTE: Registered Agent signature required when reinstating)

3/10/06

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	OD
NAME	LEVY, VICTOR
STREET ADDRESS	1417 S. BELCHER RD
CITY-ST-ZIP	SUITE A CLEARWATER FL 33764

ALL MAIL TO:

LEVY, VICTOR
1660 GULF BLVD #603
CLEARWATER, FL 33767

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IN THIS SPACE**

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

3/10/05

Date

(727) 443-5211

Daytime Phone #

ATTACHMENT

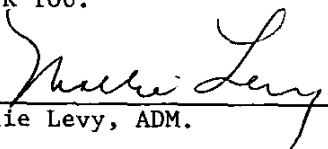
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MARCH 10, 2006

VICTOR LEVY, M.D.
EPHYSICIAN'S OFFICE, INC.----- PLEASE NOTE THE MAILING ADDRESS
1660 GULF BLVD. #603
CLEARWAZTER, FL. 33767

RE: 2006 ANNUAL REPORT
FOR: EPHYSICIAN'S OFFICE, INC.
DOCUMENT #P1000020434
FEI NO.: 90-0012320

THANK YOU.


Mollie Levy, ADM.

TEL: (727) 596-7425