


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90058 007 ***150.00

DOCUMENT # P01000020434 1. Entity Name EPHYSICIAN'S OFFICE, INC.					
Principal Place of Business 1417 S BELCHER RD SUITE A CLEARWATER, FL 33764			Mailing Address VICTOR LEVY 1660 GOLF BLVD #603 CLEARWATER BEACH, FL 33767		
2. Principal Place of Business - No P.O. Box # 1520 GULF BLVD PH-2 CLEARWATER, FL. 33767		3. Mailing Address 1520 GULF BLVD PH-2 CLEARWATER, FL. 33767			
Suite, Apt. #, etc. PH-2		Suite, Apt. #, etc. PH-2			
City & State CLEARWATER, FL.		City & State CLEARWATER, FL.			
Zip 33767		Country PINELLAS		Zip 33767	
Country PINELLAS		Country PINELLAS			
4. FEI Number 90-0012320				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEVY, VICTOR M.D. 1417 S BELCHER RD SUITE A CLEARWATER, FL 33764			7. Name and Address of New Registered Agent Name VICTOR LEVY, M.D. Street Address (P.O. Box Number is Not Acceptable) 1520 GULF BLVD - PH-2 City CLEARWATER, FL. FL Zip Code 33767		
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: <i>Victor Levy</i> Victor Levy and <i>President</i> 3/9/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OD LEVY, VICTOR 1417 S BELCHER RD SUITE A CLEARWATER, FL 33764	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OD LEVY, VICTOR 1520 GULF BLVD - PH-2 CLEARWATER, FL. 33767	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (CHANGE IN ADDRESS)			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OD 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OD 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OD 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OD 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>Victor Levy</i> Victor Levy 3/20/07 (727) 593-2652 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					