# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P01000086703**

**1.** Entity Name
SUE LEVY, PSY.D., P.A.

| Principal Place of Business | Mailing Address |
|---|---|
| 1725 UNIVERSITY DR, SUITE #350 CORAL SPRINGS, FL 33071 | 1725 UNIVERSITY DR, SUITE #350 CORAL SPRINGS, FL 33071 |

## DO NOT WRITE IN THIS SPACE

01162004    No Chg-P    CR2E034 (10/03)

| **4.** FEI Number 65-1136661 | Applied For |
|---|---|
| | Not Applicable |

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

**6. Name and Address of Current Registered Agent**

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

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**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.    **N/A**

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable    (NOTE Registered Agent signature required when reinstating)    DATE

| **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 | U000000026356 02/03/04-80003-024 150.00 |
|---|---|---|---|

**10. OFFICERS AND DIRECTORS**

| | |
|---|---|
| TITLE | PSTD |
| NAME | LEVY, SUE |
| STREET ADDRESS | 1725 UNIVERSITY DR, SUITE #350 |
| CITY-ST-ZIP | CORAL SPRINGS, FL 33071 |
| TITLE | |
| NAME | |
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| CITY-ST-ZIP | |

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**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:**    Sue Levy, President  1/30/04    954-753-2802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #