

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000005901

FILED
Jul 16, 2005
Secretary of State

Entity Name: MICHAEL L. LEVINE, M.D., P.A.

Current Principal Place of Business:

1325 S. CONGRESS AVENUE
107
BOYNTON BEACH, FL 33426

New Principal Place of Business:

1325 S. CONGRESS AVENUE
103
BOYNTON BEACH, FL 33426

Current Mailing Address:

1325 S. CONGRESS AVENUE
107
BOYNTON BEACH, FL 33426

New Mailing Address:

1325 S. CONGRESS AVENUE
103
BOYNTON BEACH, FL 33426

FEI Number: 04-3590014

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVINE, MICHAEL L MD
255 CORDOVA ROAD
WEST PALM BEACH, FL 33401 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEVINE, MICHAEL L M.D.
Address: 255 CORDOVA ROAD
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL L. LEVINE

PRES

07/16/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date