

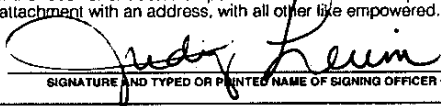


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90108 038 ***150.00

DOCUMENT # P04000126475 1. Entity Name JON LEVIN, DO, PA					
Principal Place of Business 1006 MILLS SUITE 1 ARCADIA, FL 34266				Mailing Address 1006 MILLS SUITE 1 ARCADIA, FL 34266	
2. Principal Place of Business 1010 N. MILLS AV. Suite, Apt. #, etc.		3. Mailing Address 1010 N. MILLS AV. Suite, Apt. #, etc.		50025913 	
City & State ARCADIA, FL Zip 34266		City & State ARCADIA, FL Zip 34266		4. FEI Number 20-1559554 Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AMES, ANDREW 128 WEST OAK STREET ARCADIA, FL 34266				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	D LEVIN, JON 1006 MILLS SUITE 1 ARCADIA, FL 34266		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVIN, JON 1010 N. MILLS AV. ARCADIA, FL 34266	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVIN, JUDY 1006 MILLS SUITE 1 ARCADIA, FL 34266		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVIN, JUDY 1010 N. MILLS AV. ARCADIA, FL 34266	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Date 3-11-05 Daytime Phone #		