## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

Daytime Phone #

DOCUMENT # P04000126475  1. Entity Name JON LEVIN, DO, PA					03-14-2005 9	90108 038 ***150.	.00
Principal Place	e of Business	Mailing Address	<u> </u>			•	
1006 MILLS	<del>SUITE 1</del>	- 1006-MILLS SUITE-1			•	500259	112
ARCADIA, FL	34266	ARCADIA, FL 34266				JUU433	113
					I <b>es</b> ir cian esin acin cui	61 KOLO 11810 OKAN OLOH 16831 OM	
Principal Place of Business     3. Mailing Address							
1010 N. MWS AV. 1010 N. MWS A  Suite, Apt. #, etc. Suite, Apt. #, etc.		Δν.					
Suite, Apt.	#, etc.	Solie, Apt. #, etc.		02122005	Chg-P	CR2E034 (10/03)	
City & State City & State			4. FEI.Numb	er c l		plied For	
ARCADIA	<del></del>	ANCADIA, FL	0	20-15	59554		t Applicable
Zip 34261	- Country	34266	Country USA-	5. Certificate	of Status Desired	S8.75 Addi	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
		Name	me				
-AMES, ANDREW 128 WEST OAK STREET			Street A	Street Address (P.O. Box Number is Not Acceptable)			
ARCADIA, FL 34266							
			City	· · · · · · · · · · · · · · · · · · ·		FL Zip Code	e
9 The shows	named entity submits this statement for	the purpose of changing its re	nicionad offica or	registered agent, or be	oth in the State of Ek		and accept
the obligati	named entity submits this statement for ions of registered agent.	the purpose of changing its re	gistered dilice or	registered agent, or bo	an, in the state of Fit	Jilda. Tarii iariillar wilii, i	and accept
01011471105							
SIGNATURE_	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: R	legistered Agent signati	are required when reinstating)		DATE	<u></u>
		O Floring Compains	Financias	AF 00			
	E NOW!!! FEE IS \$150.00 by 1, 2005 Fee will be \$550.0	<ol> <li>9. Election Campaigr</li> <li>Trust Fund Contrib</li> </ol>		\$5.00 May Be Added to Fees		<u>.</u>	
			<del> </del>		(0) 11 10 50 70 055	TOPOS AND DIDEOTORI	5 IN 44
10.	OFFICERS AND I		11. TITLE	D	/CHANGES TO UFF	FICERS AND DIRECTORS  Change	Addition
TITLE NAME	LEVIN, JON	Delete	NAME	LEVIN, JOH		JEJ Onlingo	
STREET ADDRESS	1006 MILLS SUITE 1		STREET ADDRESS	1010 N. MILL	S AV.		
CITY-ST-ZIP	ARCADIA, FL 34266		CITY-SI-ZIP	ARCADIA, FL	34246		
TITLE	D . S. M. H. ID.	☐ Delete	TITLE	0		XI Change	☐ Addition
NAME STREET ADDRESS	LEVIN, JUDY		NAME STREET ADDRESS	LEVIN, JUDY 1010 N. MILL	: A1/	ř	
CITY-ST-ZIP	ARCADIA, FL 34266		CITY-ST-ZIP	ARCADIA, FL	3 NV. 34266		
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME		•	NAME	. –			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delete	mue			☐ Change	Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP		·····	CITY-ST-ZIP			F7 04	C Marie
TITLE		☐ Delete	TITLE NAME			Change	Addition
NAME STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP		,		
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME			NAME CYDEET ADDRESS				
			STREET ADDRESS				
STREET ADDRESS			CITY-ST-7IP				
CITY-ST-ZIP	certify that the information supplied with	this filing does not qualify for the	CITY-ST-ZIP	ited in Section 119.07/3	)(i), Florida Statutes.	I further certify that the in	nformation
12. I hereby indicated of the col	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor , or on an attachment with an address, v	itrue and ascurate and that my owered to execute this report a	he exemption sta				