

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90044 038 ***150.00

DOCUMENT # P04000126475

1. Entity Name
JON LEVIN, DO, PA



Principal Place of Business Mailing Address

1010 N MILLS AVE **1010 N MILLS AVE**
ARCADIA, FL 34266 **ARCADIA, FL 34266**

2. Principal Place of Business 3. Mailing Address

128 W. OAK STREET **128 W. OAK STREET**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

ARCADIA, FL **ARCADIA, FL**

Zip Country Zip Country

34266 **US** **34266** **US**



4. FEI Number Applied For

20-1559554 Not Applicable

5. Certificate of Status Desired **\$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)

Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

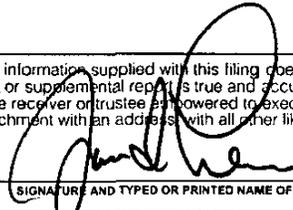
10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LEVIN, JON	
STREET ADDRESS	1010 N MILLS AVE.	
CITY - ST - ZIP	ARCADIA, FL 34266	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEVIN, JUDY	
STREET ADDRESS	1010 N MILLS AVE	
CITY - ST - ZIP	ARCADIA, FL 34266	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	P.O. BOX 1844	
CITY - ST - ZIP	ARCADIA, FL 34265	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	P.O. BOX 1844	
CITY - ST - ZIP	ARCADIA, FL 34265	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:  1/29/06 823-993-5401

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