

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000026912

Entity Name: SALOMON LEVIN, M.D., P.A.

FILED
Mar 25, 2005
Secretary of State

Current Principal Place of Business:

480 EXECUTIVE CENTER DR.
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

480 EXECUTIVE CENTER DR.
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 65-0402580 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JALOMON, LEVIN
480 EXECUTIVE CT TR.
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

SALOMON, LEVIN
480 EXECUTIVE CT TR.
WEST PALM BEACH, FL 33401 US

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: SALOMON LEVIN

03/25/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEVIN, SALOMON
Address: 480 EXECUTIVE CENTER DR.
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 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: SALOMON LEVIN

D

03/25/2005

Electronic Signature of Signing Officer or Director

Date