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FILED
Feb 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000031134 (7)

1. Corporation Name
JEFFREY A. LEVY, M.D., P.A.



Principal Place of Business: 2899 NE 191ST STREET, SUITE 200, AVENTURA FL 33180
Mailing Address: 2899 NE 191ST STREET, SUITE 200, AVENTURA FL 33180-3116

2. Principal Place of Business: JEFFREY A. LEVY, M.D., Ph.D., 21150 Biscayne Blvd., Suite 304, Aventura, FL 33180
2a. Mailing Address: JEFFREY A. LEVY, M.D., Ph.D., 21150 Biscayne Blvd., Suite 304, Aventura, FL 33180

3. Date Incorporated or Qualified: 04/25/1994
3a. Date of Last Report: 06/06/1996
4. FEI Number: 65-0490848
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: PARKER, GERALD K, 809 NE 9 AVE, SUITE 208, DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent: 81 Name: GERALD K. PARKER, 82 Street Address: 777 S. FLAGLER DR, 83 8 FLOOR WEST TOWER, 84 City: W. PALM BEACH, FL 85 Zip Code: 33401

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.
SIGNATURE: *Gerald K. Parker* - GERALD K. PARKER DATE: 1-30-97

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	LEVY, JEFFREY A	
STREET ADDRESS	1600 DIPLOMAT PARKWAY	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	LEVY, ALICE	
STREET ADDRESS	1600 DIPLOMAT PARKWAY	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PARKER, GERALD K	
STREET ADDRESS	323 FAIRWAY CT.	
CITY-ST-ZIP	ATLANTIS FL 33462	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* M.D.P.A. DATE: 2/1/97 DAYTIME PHONE #

CR2E034 (9/96)