FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT





FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000031134 (7) DOCUMENT #

JEFFREY A. LEVY, M.D., P.A.

Principal Place of Business Mailing Address JEFFREY A. LEVY MD PHD JEFFREY A. LEVY, MD PHDA 21150 BISCAYNE BLVD., STE 304 21150 BISCAYNE BLVD., STE 304 AVENTURA FL 33180 **AVENTURA FL 33180** DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified <u>04/25/1994</u> 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0490848 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution \Box Added to Fees Country Zin Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 Parker, Gerald K 777 S. FLAGLER DR. 82 Street Address (P.O. Box Number is Not Acceptable) **8 FLOOR WEST TOWER** В3 W. PALM BCH FL 33401 84 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition NAME LEVY, JEFFREY A 1.2 NAME 1600 DIPLOMAT PARKWAY STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD FL 33019 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition NAME LEVY, ALICE 2.2 NAME STREET ADDRESS **1600 DIPLOMAT PARKWAY** 2.3 STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33019 2.4 CITY - ST- ZIP TITLE DELETE Change 3.1 TITLE Addition PARKER, GERALIS IX. NAME PARKER, GERALD K 3.2 NAME 272 SOUTHLAND RD 323 FAIRWAY CT. STREET ADDRESS 3.3 STREET ADDRESS DALM BEACHIFL 33480 ATLANTIS FL 33462 CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITI F DELETE 5.1 TITLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP

***150,00 6.4 CITY-S1-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.7(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.

5.4 CITY - ST - ZIP

63 STREET ADDRESS

6.1 TITLE

6.2 NAME

CIGNATURE.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

5000024297 -02/13/38--01012--0

Change

Addition

FILED

Feb 11 1998 8:00am

Secretary of State