

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000031134

Entity Name: JEFFREY A. LEVY, M.D., INC.

FILED  
Jan 28, 2011  
Secretary of State

**Current Principal Place of Business:**

JEFFREY A. LEVY MD PHD  
21150 BISCAYNE BLVD., STE 104  
AVENTURA, FL 33180 US

**New Principal Place of Business:**

**Current Mailing Address:**

JEFFREY A. LEVY MD PHD  
21150 BISCAYNE BLVD., STE 104  
AVENTURA, FL 33180 US

**New Mailing Address:**

FEI Number: 65-0490848

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GREEN, MITCHELL F  
4000 HOLLYWOOD BLVD  
485 SOUTH  
HOLLYWOOD, FL 33021 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LEVY, JEFFREY A  
Address: 1600 DIPLOMAT PARKWAY  
City-St-Zip: HOLLYWOOD, FL 33019

Title: ST  
Name: LEVY, ALICE  
Address: 1600 DIPLOMAT PARKWAY  
City-St-Zip: HOLLYWOOD, FL 33019

I hereby 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 all other like empowered.

SIGNATURE: JEFFREY A LEVY

PRIN

01/28/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date