FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000094403 (9)**

1. Corporation Name

SOUTH VOLUSIA MEDICAL ASSOCIATES, INC.

Principal Place of Business	Mailing Address
645 RIDGEWOOD AVE. HOLLY HILL FL 32117	645 RIDGEWOOD AVE. HOLLY HILL FL 32117

3. Date Incorporated or Qualified: **12/01/1995**

3a. Date of Last Report:

2. Principal Place of Business
21: 214 N.Dixie Freeway
22: Suite, Apt. #, etc.
23: City & State: New Smyrna Beach Fl.
24: Zip: ~~Rix~~ 32168
25: County: Volusia

2a. Mailing Address
26: P.O. Box 250723
27: Suite, Apt. #, etc.
28: City & State: Holly Hill Fl.
29: Zip: 32125
30: County: Volusia

4. FEI Number: 59-3354209 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for a tangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LEVIN, JOHN A
645 RIDGEWOOD AVE.
HOLLY HILL FL 32117

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable):
83:
84 City: **FL** 85 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: No Change — John A. Levin — DATE:

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVIN, JOHN A 645 RIDGEWOOD AVE. HOLLY HILL FL 32117	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	Treasurer LEVIN, JOHN A. 645 RIDGEWOOD AVE. HOLLY HILL, FL. 32117	☐ Change ☒ Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	PRESIDENT LEVIN, BESSIE 214 N. Dixie Freeway New Smyrna Beach, Fl. 32168	☐ Change ☒ Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	VICE PRESIDENT LEVIN, HERBERT I. 214 N. DIXIE FREEWAY NEW SMYRNA BEACH, FL. 32168	☐ Change ☒ Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP		☐ Change ☐ Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP		☐ Change ☐ Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is true, accurate and 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 annual report is true and accurate and that I am signing this report for the purpose of complying with Florida Statutes. I further certify 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 added above or on an attached sheet with an address.

SIGNATURE: John A Levin — JOHN A LEVIN — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 4-1-96 — 904 258-5227