

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000094403

FILED  
Mar 31, 2004  
Secretary of State

Entity Name: SOUTH VOLUSIA MEDICAL ASSOCIATES, INC.

## Current Principal Place of Business:

214 N. DIXIE FREEWAY  
NEW SMYRNA BEACH, FL 32168 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 250723  
HOLLY HILL, FL 32125 US

## New Mailing Address:

FEI Number: 59-3354209

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: T ( ) Delete  
Name: LEVIN, JOHN A  
Address: 645 RIDGEWOOD AVE.  
City-St-Zip: HOLLY HILL, FL

Title: PS ( ) Delete  
Name: LEVIN, BESSIE  
Address: 214 N. DIXIE FREEWAY  
City-St-Zip: NEW SMYRNA BEACH, FL

Title: VP ( ) Delete  
Name: LEVIN, HERVERT I.  
Address: 214 N. DIXIE FREEWAY  
City-St-Zip: NEW SMYRNA BEACH, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition  
Name: LEVIN, JOHN A  
Address: 645 RIDGEWOOD AVE.  
City-St-Zip: HOLLY HILL, FL 32117

Title: PS (X) Change ( ) Addition  
Name: LEVIN, BESSIE  
Address: 214 N. DIXIE FREEWAY  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VP (X) Change ( ) Addition  
Name: LEVIN, HERVERT I  
Address: 214 N. DIXIE FREEWAY  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

I hereby certify that the information supplied with this filing does not qualify for the 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: BESSIE J LEVIN

P

03/31/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date