

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000094403

FILED
Aug 26, 2005
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:

317 S. DIXIE FREEWAY
NEW SMYRNA BEACH, FL 32168 US

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 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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 32117

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PS (X) Change () Addition
Name: LEVIN, BESSIE
Address: 317 S. DIXIE FREEWAY
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VP (X) Change () Addition
Name: LEVIN, HERBERT I
Address: 317 S. 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: JOHN A. LEVIN

T

08/26/2005

Electronic Signature of Signing Officer or Director

_____ Date