

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90335 023 ***150.00

DOCUMENT # P97000000910

1. Entity Name
HERRIET V. TUPAS-LEVITAN, M.D., P.A.



Principal Place of Business
**1925 MIZELL AVE.
SUITE 301
WINTER PARK, FL 32792**

Mailing Address
**1925 MIZELL AVE
SUITE 301
WINTER PARK, FL 32792**

50010654



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02132006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

59-3421425

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEVITAN, HERRIET V
1925 MIZELL AVE
SUITE 301
WINTER PARK, FL 32792**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **TUPAS-LEVITAN, HERRIET V**
STREET ADDRESS **1925 MIZELL AVE. SUITE 301**
CITY-ST-ZIP **WINTER PARK, FL 32792**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Herriet Tupas Levitan **3/8/06 (407) 628-2122**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT
CARLA DELOACH BRYANT
ATTORNEYS & COUNSELORS AT LAW, P.A.

February 28, 2006

50010654
#P97000006910

Division of Corporations
P. O. Box 1500
Tallahassee, Florida 32302-1500

Re: Annual Business Report for Herriet V. Tupas - Levitan, M.D., P.A.

Dear Sir or Madam:

Enclosed please find the 2006 Uniform Business Report for Herriet V. Tupas - Levitan, M.D., P.A. and a check, made payable to the Florida Department of State, in the amount of one hundred fifty dollars (\$150.00).

If you have any questions regarding this filing, please contact my office.

I remain

Very truly yours,

Rebekah M. Kurdziel

Rebekah M. Kurdziel
For the Firm

RMK/kn
enclosures