

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 09, 2004 08:00 AM
Secretary of State**

DOCUMENT # P98000030896

1. Entity Name
STEVEN H. LEWIS, M.D., P.A.



Principal Place of Business
**3790 7TH TERRACE
SUITE 200
VERO BEACH, FL 32960**

Mailing Address
**3790 7TH TERRACE
SUITE 200
VERO BEACH, FL 32960**



02062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3500750

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NOVAK, DAVID
849 20 STREET
VERO BEACH, FL 32960**

**DO NOT WRITE
IN THIS SPACE**

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 fee if applicable.

(NOTE: Registered Agent signature required when amending)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LEWIS, STEVEN H
3790 7TH TERRACE
VERO BEACH, FL 32960**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U000000043223
02/10/04-80056-006 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/04

Date

772 559 7513

Daytime Phone #