

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000104471

FILED  
Jan 05, 2007  
Secretary of State

**Entity Name:** LEAVITT MEDICAL ASSOCIATES OF FLORIDA, INC.

**Current Principal Place of Business:**

2600 LAKE LUCIEN DRIVE  
SUITE 180  
MAITLAND, FL 32751 US

**New Principal Place of Business:**

**Current Mailing Address:**

2600 LAKE LUCIEN DR  
STE-180  
MAITLAND, FL 32751 US

**New Mailing Address:**

**FEI Number:** 59-3549147

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEAVITT, MICHAEL D  
2600 LAKE LUCIEN DRIVE  
SUITE 180  
MAITLAND, FL 32751 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LEAVITT, MATT L  
Address: 120 INTERNATIONAL PARKWAY, SUITE 240  
City-St-Zip: HEATHROW, FL 32746

Title: STD ( ) Delete  
Name: LEAVITT, MICHAEL D  
Address: 2600 LAKE LUCIEN DR SUITE 180  
City-St-Zip: MAITLAND, FL 32751

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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:** MICHAEL D. LEAVITT

STD

01/05/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date