

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000104471

FILED
Apr 19, 2011
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

OFFICERS AND DIRECTORS:

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

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

I hereby 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 all other like empowered.

SIGNATURE: MATT LEAVITT, DO

PD

04/19/2011

Electronic Signature of Signing Officer or Director

Date