

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90044 001 \*\*\*158.75

DOCUMENT #

1. Entity Name **Jess Lis Inc** P99000052014  
**D.B.A. Levin School of Healthcare** ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business **2206 W. Atlantic Ave**  
Suite, Apt. #, etc.

3. Mailing Address **2206 W. Atlantic Ave**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **Delray Beach FL**  
Zip **33445** Country **USA**

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Zip **33445** Country **USA**

4. FEI Number **05-0963640**  
Applied For  
Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Mitchell Levin**  
Street Address (P.O. Box Number is Not Acceptable) **4332 Bocaire Boulevard**  
City **Boca Raton FL 33487**

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.

SIGNATURE **Mitchell Levin - Mitchell Levin** DATE **3/08/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
(See criteria on back)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **President**  
NAME **Lois Levin**  
STREET ADDRESS **4332 Bocaire Boulevard**  
CITY-ST-ZIP **Boca Raton, FL 33487**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Vice President**  
NAME **Mitchell Levin**  
STREET ADDRESS **4332 Bocaire Boulevard**  
CITY-ST-ZIP **Boca Raton, FL 33487**

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13. I hereby certify that the information supplied with this filing does not qualify 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 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Mitchell Levin - Mitchell Levin** DATE **3/9/02** (501)274-4149  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRZE034B (12/01)

**DO NOT WRITE  
IN THIS SPACE**