## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

(2)

BARRY	LEVY, M.D., P.A.							
Principal Place of	Business	Mailing Address				FB1 B 6161 WIDI		., 91911 91811 1941
10220 NW 16 COURT 10220 NW 16 COURT CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33								
					3. Date Incorporated or Qualified 04/29/1991	3a. Dat	e of Last Re 03/07/19	995
2. Principal Place	e of Business	2a. Mailing Address			4. FET Number 65-0259124		<b>⊢-→</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State			Election Campaign Financing     Trust Fund Contribution		Added	May Be to Fees
7 <sub>IP</sub>	Country 25	Zip 29	Countr	у		s 🔲 No		199.032,
4	9. Name and Address of Curi				10. Name and Address of New	Registered	Agent	
			81	Nanie				
LEVY, B	BARRY		87	Street Addr	ress (P.O. Box Number is Not Accepta	ble)	<del>-</del>	
	NW 16 COURT SPRINGS FL 33071		8				<del>-</del>	<del></del>
CORAL	SPRINGS PL 3307 I		8-	4 City			85 Zu	Code
					ration submits this statement for the p	<u> </u>	bonoino ito r	polictored office
or registered familiar with	d agent, or both, in the State of Fl i, and accept the obligations of, S	ection 607,0505, Florida Statutes	S.	poration's boa		DATE		
	Ignature, typical or printed name of registered a	print and title 1 applicable (N: AND DIRECTORS	13.	ert signant er export	ADDITIONS/CHANGES TO OF		ID DIRECTO	RS IN 12
12.	D	DELETE	1 1 TiTL				Change	Addition
TITLE NAME	LEVY, BARRY	-	: 1.2 NAM	£				
STREET ADDRESS	10220 NW 16 COURT		1.3 STRF	ET ADORESS				
CITY-S1-ZIP	CORAL SPRINGS FL		14011	- ST - ZIP				
107LF		☐ DELETE	2 1 111 L	F			Change	Addition Addition
NAME			22 NAM	F				
STREET ADDRESS			2.3 S*RE	EL ADORESS				
CITY-ST-ZIP			2 4 CIIY				Change	Addition
THILE		DELETE	3 1 TrTL				L_ Onango	
NAME			3.2 NAM					
STREET ADDRESS				EET ADDRESS				
CITY-S1-ZIP		DELETE	4 1 TILL	- ST- ZIF			Change	Addition
TITLE		Полен	4 2 NAV	i				
NAME CZOLEL ADODECE				EET ADDRESS				
STREET ADORESS				'-ST-ZIP				
CITY-SI-7IP		DELETE	5 1 101				Change	Addition
NAME			5.2 NAN	ME				
SIREET ADDRESS			53 STR	EET ADDRESS				
CITY - ST - ZIP				r · S³ - 710			Chanca	Add tion
TITLE		DELETE	6 1 TH	LF			☐ Change	Add tion
NAME			6.2 NAN					
STREET ADDRESS				EET ADDRESS				
CITY-S1-ZIP				Y-ST ZiP	for the execution stated in Section 1	19 07/31/61	Elorida Stati	utes. I further
certify that	y certify that the information supp the information indicated on this Lam an officer or director of the c Block 12 or Block 13 if changed	annual report or suppliemental at argonation or the receiver or trus:	tee empowere	true and accu ad to execute t	, for the exemption stated in Section 1 trate and that my signature shall have t this report as required by Chapter 607 1	he same le Florida Sta	gal effect as itutes; and t	if made under hat my name

SIGNATURE:

3/15/96