FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S74564** **(3)**

1. Corporation Name

LARRY P. LEVIN, M.D., P.A.

Principal Place of Business	Mailing Address
1500 N.2. 10TH AVAE. 201 BOCA RATON FL 33486 US	1500 N.W. 10TH AVE. 201 BOCA RATON FL 33486 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/19/1991**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: **65-0278963** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LAVENDER, JOEL R.
2300 EAST LAS OLAS BLVD.
SUITE 400
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
101	D	111	☐ Change ☐ Addition
NAME	LEVIN, LARRY	112 NAME	
STREET ADDRESS	1500 N.W. 10TH AVE., #201	113 STREET ADDRESS	
CITY, ST, ZIP	BOCA RATON FL	114 CITY, ST, ZIP	
102		121	☐ Change ☐ Addition
NAME		122 NAME	
STREET ADDRESS		123 STREET ADDRESS	
CITY, ST, ZIP		124 CITY, ST, ZIP	
103		131	☐ Change ☐ Addition
NAME		132 NAME	
STREET ADDRESS		133 STREET ADDRESS	
CITY, ST, ZIP		134 CITY, ST, ZIP	
104		141	☐ Change ☐ Addition
NAME		142 NAME	
STREET ADDRESS		143 STREET ADDRESS	
CITY, ST, ZIP		144 CITY, ST, ZIP	
105		151	☐ Change ☐ Addition
NAME		152 NAME	
STREET ADDRESS		153 STREET ADDRESS	
CITY, ST, ZIP		154 CITY, ST, ZIP	
106		161	☐ Change ☐ Addition
NAME		162 NAME	
STREET ADDRESS		163 STREET ADDRESS	
CITY, ST, ZIP		164 CITY, ST, ZIP	

14. I declare, I certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. Further, I certify that the information indicated on this annual report or supplemental annual 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 1, 2, or Block 11 if changed, or on an attachment with an address.

SIGNATURE: X *[signature]* 4/28/95 407-394-4455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Larry P. Levin, MD

0278035 CP