

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H17112

Entity Name: RONALD DOUGLAS LEVY, M.D., P.A.

Current Principal Place of Business:

HOLMES REGIONAL MEDICAL CENTER
1350 S HICKORY ST
MELBOURNE, FL 32901

Current Mailing Address:

PO BOX 1000
MELBOURNE, FL 32902-1000 US

FEI Number: 59-2445008

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NOHRR, PHILIP J.D.
1795 WEST NASA BOULEVARD
MELBOURNE, FL 32901 US

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

Officer/Director Detail :

Title DR.
Name LEVY, RONALD DM.D.
Address 855 SANDERLING DR.
City-State-Zip: INDIALANTIC FL 32903

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: RONALD D. LEVY

OFFICER

02/27/2014

Electronic Signature of Signing Officer/Director Detail

Date