

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000110268

**Entity Name:** JACOB LEVY, M.D., P.A.

**Current Principal Place of Business:**

1855 CLEVELAND ROAD  
MIAMI BEACH, FL 33141

**FILED**  
**Jan 09, 2015**  
**Secretary of State**  
**CC0686387169**

**Current Mailing Address:**

1855 CLEVELAND ROAD  
MIAMI BEACH, FL 33141

**FEI Number: 65-1058739**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LEVY, JACOB  
1855 CLEVELAND ROAD  
MIAMI BEACH, FL 33141 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	D	Title	S
Name	LEVY, JACOB MD PA	Name	LEVY, LUCERO RMRS
Address	1855 CLEVELAND ROAD	Address	1855 CLEVELAND RD
City-State-Zip:	MIAMI BEACH FL 33141	City-State-Zip:	MIAMI BEACH FL 33141

*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: JACOB LEVY**

**PRESIDENT**

**01/09/2015**

Electronic Signature of Signing Officer/Director Detail

Date