

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000031134

**Entity Name:** JEFFREY A. LEVY, M.D., INC.

**Current Principal Place of Business:**

JEFFREY A. LEVY MD PHD  
21150 BISCAYNE BLVD., STE 104  
AVENTURA, FL 33180

**Current Mailing Address:**

JEFFREY A. LEVY MD PHD  
1600 DIPLOMAT PARKWAY  
HOLLYWOOD, FL 33019 US

**FEI Number:** 65-0490848

**Certificate of Status Desired:** No

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

GREEN, MITCHELL F  
4000 HOLLYWOOD BLVD  
485 SOUTH  
HOLLYWOOD, FL 33021 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            P  
Name            LEVY, JEFFREY A  
Address        1600 DIPLOMAT PARKWAY  
City-State-Zip: HOLLYWOOD FL 33019

Title            ST  
Name            LEVY, ALICE  
Address        1600 DIPLOMAT PARKWAY  
City-State-Zip: HOLLYWOOD FL 33019

*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:** JEFFREY LEVY

**PRESIDENT**

**02/27/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date