

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K89811

**Entity Name:** LARRY A. LEVINE, D.D.S., P.A.

**Current Principal Place of Business:**

7126 BERACASA WAY  
BOCA RATON, FL 33433

**Current Mailing Address:**

7126 BERACASA WAY  
BOCA RATON, FL 33433 US

**FEI Number:** 65-0125305

**Certificate of Status Desired:** No

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

LEVINE, LARRY A.  
7126 BERACASA WAY  
BOCA RATON, FL 33433 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            PRES  
Name            LEVINE, LARRY A.  
Address        7126 BERACASA WAY  
City-State-Zip: BOCA RATON FL

Title            VP  
Name            LEVINE, AUDREY R.  
Address        7126 BERACASA WAY  
City-State-Zip: BOCA RATON FL

*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:** LARRY A LEVINE

DDS, PRES

01/25/2023

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

\_\_\_\_\_  
Date