

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000020771

**Entity Name:** SHARON LEVINE, P.A.

**Current Principal Place of Business:**

8351 WATERFORD AVENUE  
TAMARAC, FL 33321-8117

**Current Mailing Address:**

8351 WATERFORD AVENUE  
TAMARAC, FL 33321-8117 US

**FEI Number:** 33-1051456

**Certificate of Status Desired:** No

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

LEVINE, SHARON J  
8351 WATERFORD AVENUE  
TAMARAC, FL 33321-8117 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  
Name            LEVINE, SHARON  
Address        8351 WATERFORD AVENUE  
City-State-Zip: TAMARAC FL 33321

*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:** SHARON LEVINE

**PRESIDENT**

**02/12/2019**

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

\_\_\_\_\_  
Date