

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000127542

Entity Name: STEPHEN F. LEVIN, D.P.M., P.A.**Current Principal Place of Business:**26827 FOGGY CREEK RD
STE 104
WESLEY CHAPEL, FL 33544**Current Mailing Address:**26827 FOGGY CREEK ROAD
STE 104
WESLEY CHAPEL, FL 33544**FEI Number:** 54-2131752**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEVIN, DIANE
26827 FOGGY CREEK ROAD
SUITE 104
WESLEY CHAPEL, FL 33544 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 LEVIN, STEPHEN
Address 26827 FOGGY CREEK ROAD, STE 104
City-State-Zip: WESLEY CHAPEL FL 33544Title DR
Name LEVIN, STEPHEN
Address 26827 FOGGY CREEK ROAD
City-State-Zip: WESLEY CHAPEL FL 33544Title DR
Name LEVIN, STEPHEN
Address 26827 FOGGY CREEK ROAD
City-State-Zip: WESLEY CHAPEL FL 33544Title DR
Name LEVIN, STEPHEN
Address 26827 FOGGY CREEK ROAD
City-State-Zip: WESLEY CHAPEL FL 33544Title DR
Name LEVIN, STEPHEN
Address 26827 FOGGY CREEK ROAD
City-State-Zip: WESLEY CHAPEL FL 33544Title DR
Name LEVIN, STEPHEN
Address 26827 FOGGY CREEK ROAD
City-State-Zip: WESLEY CHAPEL FL 33544

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: STEPHEN LEVIN**OWNER****01/27/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date