

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 A
Secretary of State

DOCUMENT # 480913

1. Entity Name
GEORGE A. LEVINE, M.D., P.A.



Principal Place of Business
8700 N KENDALL DR
#102
MIAMI, FL 33176 US

Mailing Address
8700 N KENDALL DR
#102
MIAMI, FL 33176 US



01102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1605731

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

LEVINE, GEORGE A., M.D.
8700 NORTH KENDALL DRIVE #102
MIAMI, FL 33176

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LEVINE, GEORGE A., M.D.P.A.
STREET ADDRESS 8700 N. KENDALL DR. #102
CITY-ST-ZIP MIAMI, FL 33176

TITLE S
NAME LEVINE, GEORGE A M.D.
STREET ADDRESS 8700 N. KENDALL DR.
CITY-ST-ZIP MIAMI, FL

TITLE
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CITY-ST-ZIP

U00000793529
01/25/08-80013-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *George A. Levine*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/08
Date Daytime Phone #