

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 544488

FILED
Jan 27, 2009
Secretary of State

Entity Name: SHELDON R. LEVIN, M.D., P.A.

Current Principal Place of Business:

601 N FLAMINGO RD STE 315
PEMBROKE PINES, FL 33028 US

New Principal Place of Business:

601 N FLAMINGO RD
SUITE #315
PEMBROKE PINES, FL 33028 US

Current Mailing Address:

601 N FLAMINGO RD STE 315
PEMBROKE PINES, FL 33028 US

New Mailing Address:

601 N FLAMINGO RD
SUITE #315
PEMBROKE PINES, FL 33028 US

FEI Number: 59-1768314

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVIN, SHELDON R MD
601 N FLAMINGO RD STE 315
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

LEVIN, SHELDON R MD
601 N FLAMINGO RD
SUITE#315
PEMBROKE PINES, FL 33028 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: SHELDON R. LEVIN

01/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: LEVIN, SHELDON,
Address: 601 N FLAMINGO RD STE315
City-St-Zip: PEMBROKE PINES, FL 33028 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SHELDON R. LEVIN

PSD

01/27/2009

Electronic Signature of Signing Officer or Director

Date