

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 602562

FILED
Mar 29, 2012
Secretary of State

Entity Name: LEVINE SURGICAL ASSOCIATES, P.A.

Current Principal Place of Business:

4957 38TH AVE N
SUITE C
ST. PETERSBURG, FL 33710

New Principal Place of Business:

Current Mailing Address:

4957 38TH AVE N
SUITE C
ST. PETERSBURG, FL 33710

New Mailing Address:

FEI Number: 59-1307291 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LEVINE, STEVEN M MD
4957 38TH AVENUE NORTH
SUITE C
ST. PETERSBURG, FL 33710 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PSTD
Name: LEVINE, STEVEN M MD
Address: 4957 38TH AVENUE N., SUITE C
City-St-Zip: ST PETERSBURG, FL 33710

Title: CFO
Name: LEVINE, SUSAN M
Address: 4957 38TH AVENUE N., SUITE C
City-St-Zip: ST PETERSBURG, FL 33710

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: STEVEN M LEVINE, MD

PSTD

03/29/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date