

2012 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A10000000459

FILED
Apr 16, 2012
Secretary of State

Entity Name: LEVINSON MEDICAL CENTERS, LLLP

Current Principal Place of Business:

17011 PINES BLVD
PEMBROKE PINES, FL 33027

New Principal Place of Business:

Current Mailing Address:

17011 PINES BLVD
PEMBROKE PINES, FL 33027

New Mailing Address:

FEI Number: 27-3296335

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVINSON, CATHERINE
17011 PINES BLVD
PEMBROKE PINES, FL 33027 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

GENERAL PARTNER INFORMATION:

Document #:

Name: D.MITCHELL & CATHERINE LEVINSON BY TENANCY

Address: BY THE ENTIRETIES 17011 PINES BLVD.

City-St-Zip: PEMBROKE PINES, FL 33027

ADDRESS CHANGES ONLY:

Address:

City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: D. M. AND C LEVINSON BY TENANCY ENTIRETIES

GP

04/16/2012

Electronic Signature of Signing General Partner

Date