

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98402

FILED
Feb 07, 2012
Secretary of State

Entity Name: BARRY C. LEVINE, D.M.D., P.A.

Current Principal Place of Business:

5208 E. FOWLER AVE.
TEMPLE TERRACE, FL 33617

New Principal Place of Business:

Current Mailing Address:

5208 E. FOWLER AVE.
TEMPLE TERRACE, FL 33617

New Mailing Address:

FEI Number: 59-2214667

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVINE, BARRY
5208 E. FOWLER AVE.
TEMPLE TERRACE, FL 33617 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: DP
Name: LEVINE, BARRY C
Address: 5208 E. FOWLER AVE.
City-St-Zip: TEMPLE TERRACE, FL

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: BARRY LEVINE

DMD

02/07/2012

Electronic Signature of Signing Officer or Director

Date