2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2012
Secretary of State

DOCUMENT# G90726

Entity Name: JAY A. LEVINE, M.D., P.A.

Current Principal Place of Business:

2845 AVENTURA BLVD SUITE 100
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

C/O CISNEROS, COMANDER & MORIERA
1501 VENERA AVENUE, SUITE 200
CORAL GABLES, FL 33146

New Mailing Address:

2 GROVE ISLE DRIVE BLDG 2 #1002
COCONUT GROVE, FL 33133

FEI Number: 59-2372167 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEVINE, JAY A.
2845 AVENTURA BLVD SUITE 100
AVENTURA, FL 33180 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: PD
Name: LEVINE, JAY A. M.D.
Address: 2845 AVENTURA BLVD SUITE 100
City-St-Zip: AVENTURA, FL 33180

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: JAY A LEVINE PD 02/02/2012

Electronic Signature of Signing Officer or Director — Date