2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2006
Secretary of State

DOCUMENT# L00000013435

Entity Name: LEVINE MEDICAL, L.L.C.

Current Principal Place of Business:

505 OAKFIELD DRIVE
BRANDON, FL 335116007

New Principal Place of Business:

Current Mailing Address:

505 OAKFIELD DRIVE
BRANDON, FL 335116007

New Mailing Address:

FEI Number: 59-3679399 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEVINE, SUSAN W
505 OAKFIELD DRIVE
BRANDON, FL 33511 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

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	LEVINE, SUSAN W	
Address:	505 OAKFIELD DRIVE	
City-St-Zip:	BRANDON, FL 335116007	
Title:	MGRM	( ) Delete
Name:	LEVINE, PAUL R	
Address:	505 OAKFIELD DRIVE	
City-St-Zip:	BRANDON, FL 335116007	
Title:	MGRM	( ) Delete
Name:	LEVINE, JONAH M	
Address:	505 OAKFIELD DRIVE	
City-St-Zip:	BRANDON, FL 335116007	
Title:	MGRM	( ) Delete
Name:	LEVINE, KAREN E	
Address:	505 OAKFIELD DRIVE	
City-St-Zip:	BRANDON, FL 335116007	
Title:	MGRM	( ) Delete
Name:	MAIER, SHANA L	
Address:	505 OAKFIELD DRIVE	
City-St-Zip:	BRANDON, FL 335116007	
Title:	MGRM	( ) Delete
Name:	HECHTMAN, JILL L	
Address:	505 OAKFIELD DRIVE	
City-St-Zip:	BRANDON, FL 335116007	

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SUSAN W. LEVINE MGRM 02/09/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date