

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90019 020 \*\*\*\*50.00

**DOCUMENT # L00000015981**

1. Entity Name  
**LEVIN HEALTH SERVICES, LLC**



Principal Place of Business  
**921 NORTH MAIN STREET  
 KISSIMMEE, FL 34744**

Mailing Address  
**921 NORTH MAIN STREET  
 KISSIMMEE, FL 34744**

**24052281**



2. Principal Place of Business  
**507 Palmer Street**  
 Suite, Apt. #, etc.

3. Mailing Address  
**717 East Oak Street**  
 Suite, Apt. #, etc.

04032004 Chg-LLC CR2E083 (10/03)

City & State  
**Orlando, FL**  
 Zip  
**32801**

Country  
**US**

City & State  
**Kissimmee, FL**  
 Zip  
**34744**

Country

4. FEI Number  
**59-3687107**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**KNYE-LEVIN, SWANTJE  
 921 NORTH MAIN STREET  
 KISSIMMEE, FL 34744**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**507 Palmer Street**  
 City  
**Orlando** **FL** Zip Code  
**32801**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Swantje Levin*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating) 4/15/04  
DATE

**Filing Fee is \$50.00  
 Due by May 1, 2004**

**Make check payable to  
 Florida Department of State**

**9. MANAGING MEMBERS / MANAGERS**

**10. ADDITIONS / CHANGES**

TITLE PD  Delete  
 NAME KNYE-LEVIN, SWANTJE  
 STREET ADDRESS 921 NORTH MAIN STREET  
 CITY-ST-ZIP KISSIMMEE, FL 34744

TITLE MGR  Change  Addition  
 NAME  
 STREET ADDRESS 507 Palmer Street  
 CITY-ST-ZIP Orlando, FL 32801

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
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 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Delete  
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TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Swantje Levin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/15/04  
Date Daytime Phone #