

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90205 034 \*\*\*\*50.00

**DOCUMENT # L00000015981**



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

Principal Place of Business  
**507 PALMER STREET  
 ORLANDO, FL 32801 US**

Mailing Address  
**717 EAST OAK STREET  
 KISSIMMEE, FL 34744**

20024612



2. Principal Place of Business  
**1402 Green Cove Road**  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03082005 Chg-LLC CR2E083 (10/03)

City & State  
**Winter Park, FL**

City & State

4. FEI Number  
**59-3687107**

Applied For  
 Not Applicable

Zip  
**32789**

Country  
**US**

Zip

Country

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

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

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

**KNYE-LEVIN, SWANTJE  
 507 PALMER STREET  
 ORLANDO, FL 32801**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**1402 Green Cove Road**

City  
**Winter Park**

FL

Zip Code  
**32789**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
 Due by May 1, 2005**

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

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE MGR  Delete  
 NAME KNYE-LEVIN, SWANTJE  
 STREET ADDRESS 507 PALMER STREET  
 CITY-ST-ZIP ORLANDO, FL 32801

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS 1402 Green Cove Road  
 CITY-ST-ZIP Winter Park, FL 32789

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  
 STREET ADDRESS  
 CITY-ST-ZIP

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  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/21/05