

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90038 048 \*\*\*\*50.00

**DOCUMENT # L00000015981**

1. Entity Name  
LEVIN HEALTH SERVICES, LLC



Principal Place of Business  
1402 GREEN COVE RD  
WINTER PARK, FL 32789 US

Mailing Address  
717 EAST OAK STREET  
KISSIMMEE, FL 34744

**DO NOT WRITE IN THIS SPACE**



03302006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3687107	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

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

KNYE-LEVIN, SWANTJE  
1402 GREEN COVE RD  
WINTER PARK, FL 32789

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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KNYE-LEVIN, SWANTJE 1402 GREEN COVE RD WINTER PARK, FL 32789
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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* 4/12/06 407 922 4689  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #