

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000015981

Entity Name: LEVIN HEALTH SERVICES, LLC

FILED  
Jan 10, 2007  
Secretary of State

**Current Principal Place of Business:**

1402 GREEN COVE RD  
WINTER PARK, FL 32789 US

**New Principal Place of Business:**

**Current Mailing Address:**

717 EAST OAK STREET  
KISSIMMEE, FL 34744

**New Mailing Address:**

FEI Number: 59-3687107

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KNYE-LEVIN, SWANTJE  
1402 GREEN COVE RD  
WINTER PARK, FL 32789 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: MGR ( ) Delete  
Name: KNYE-LEVIN, SWANTJE  
Address: 1402 GREEN COVE RD  
City-St-Zip: WINTER PARK, FL 32789

**ADDITIONS/CHANGES:**

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: SWANTJE KNYE-LEVIN

MGR

01/10/2007

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