

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Jan 12, 2009
Secretary of State**

DOCUMENT# L00000015981

Entity Name: LEVIN HEALTH SERVICES, LLC

Current Principal Place of Business:

1402 GREEN COVE RD
WINTER PARK, FL 32789 US

New Principal Place of Business:

Current Mailing Address:

1101 MIRANDA LN.
KISSIMMEE, FL 347410769

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: MGRM () Delete
Name: LEVIN FAMILY PARTNER, SHIP, LTD
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 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: MITCHELL L. LEVIN

MGRM

01/12/2009

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