

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000061220

1. Entity Name
THE LEVINE CENTER FOR INTERNAL MEDICINE, LLC



Principal Place of Business
660 GLADES ROAD, SUITE 310
BOCA RATON, FL 33431

Mailing Address
660 GLADES ROAD, SUITE 310
BOCA RATON, FL 33431



01182006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1516370

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREENBLATT, SANDRA P.A.
2 SOUTH BISCAYNE BLVD., STE. 3500
MIAMI, FL 33131

**DO NOT WRITE
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 _____

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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LEVINE, LESLIE
660 GLADES ROAD, STE 310
BOCA RATON, FL 33431

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

1000000423183
02/17/06-80046-021 50.00

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IN THIS SPACE**

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: _____

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

Date

Daytime Phone #