

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 16, 2007 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**



01052007 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, 2007**

9. MANAGING MEMBERS/MANAGERS

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

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01/17/07-80042-005 50.00

**DO NOT WRITE
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

LESLIE LEVINE, M.D.

1/10/07

Date

Daytime Phone #

561-361-3133