2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# L04000061220

Entity Name: THE LEVINE CENTER FOR INTERNAL MEDICINE, LLC

Current Principal Place of Business:

660 GLADES ROAD, SUITE 310
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

660 GLADES ROAD, SUITE 310
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 20-1516370 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

LEVINE, LESLIE
660 GLADES ROAD SUITE 310
BOCA RATON, FL 33431 US

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: LESLIE LEVINE 03/11/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: LEVINE, LESLIE
Address: 660 GLADES ROAD, STE 310
City-St-Zip: BOCA RATON, FL 33431

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: LESLIE LEVINE MGRM 03/11/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date