

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061220

FILED
Jan 19, 2011
Secretary of State

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:

LEVINE, LESLIE
660 GLADES ROAD SUITE 310
BOCA RATON, FL 33431 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
Name: LEVINE, LESLIE
Address: 660 GLADES ROAD, STE 310
City-St-Zip: BOCA RATON, FL 33431

I hereby 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

01/19/2011

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