

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000080901

Entity Name: AMIEL LEVIN, M.D., PLLC

FILED
Mar 23, 2009
Secretary of State

Current Principal Place of Business:

4302 ALTON ROAD, SUITE 1010
MIAMI BEACH, FL 33140

New Principal Place of Business:

4302 ALTON ROAD
SUITE 1010
MIAMI BEACH, FL 33140

Current Mailing Address:

4302 ALTON ROAD, SUITE 1010
MIAMI BEACH, FL 33140

New Mailing Address:

4302 ALTON ROAD
SUITE 1010
MIAMI BEACH, FL 33140

FEI Number: 20-5399259

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICHAEL I. BERNSTEIN, P.A.
1688 MERIDIAN AVENUE
SUITE #418
MIAMI BEACH, FL 33139 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: P () Delete
Name: LEVIN, AMIEL
Address: 4302 ALTON RD #1010
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: LEVIN, AMIEL
Address: 4302 ALTON RD., SUITE #1010
City-St-Zip: MIAMI BEACH, FL 33140

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: AMIEL LEVIN, MD, PRESIDENT

P

03/23/2009

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