

#L18000232328

LevMed 

LevMed Health
Dr. Brett Levine, D.O.
1519 Dr. MLK, Jr., St. N.
St. Petersburg, FL 33704
Phone: (727) 314-6472
info@levmedhealth.com

December 4th, 2018

Re: Statement of fact requested by SunBiz

To Whom it May Concern,

400322110924

Please note that the business entity Vitality Regenerative Medicine LLC (document number L18000232328, and listed under Barbara Magnano) has my business address listed as their principal, mailing, registered agent and authorized person detail. That entity has never been affiliated with that address and should be removed as soon as possible. That address is attached to my personal business entity LevMed LLC. The first and last page of my lease as well as my liability insurance policy are attached for corroboration.

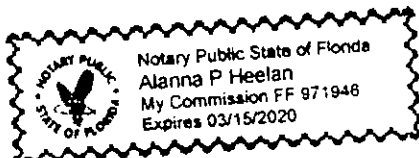
Regards,



Dr. Brett Levine, D.O.

Founder LevMed LLC

STATE OF FLORIDA
COUNTY OF PINELLAS

BEFORE ME, the undersigned authority, personally appeared BRETT LEVINE, D.O., who produced Florida Driver License as identification, and signed the foregoing document, this 6th day of December 2018.





Notary Public
My Commission Expires: 3/15/2020

LEASE AGREEMENT

THIS LEASE AGREEMENT ("Lease") is made this 20 day of February, 2018, by and between Harpo Holdings, Inc., 1535 Dr. Martin Luther King Street North, St. Petersburg, FL 33704 ("Landlord"), and Brett S. Levine, D.O. ("Tenant"), of 1519 Dr. M.L. King Jr. Street North, St. Petersburg, FL 33704, and is made with reference to the following facts:

A. Landlord is the owner of certain real property and premises situated thereon located at 1519 Dr. Martin Luther King Jr. Street North, St. Petersburg, Pinellas County, Florida, hereinafter called "premises," the description of which is attached hereto as **Exhibit "A"** and by this reference is made a part hereof.

B. Tenant desires to lease the first floor of the premises described in **Exhibit "A"** from Landlord in accordance with the terms of this Lease.

NOW, THEREFORE, for valuable consideration exchanged between the parties, the receipt of which is hereby acknowledged, and for consideration of the mutual covenants contained herein, the parties hereto agree as follows:

1. **RECITALS**. The foregoing recitals are true and correct and are made a part hereof.

2. **AGREEMENT OF LEASE**. Landlord hereby leases to Tenant, and Tenant hereby leases from Landlord, in accordance with the terms hereof, the first floor of that certain real property described upon **Exhibit "A"** attached hereto.

3. **INITIAL TERM**. This Lease shall be effective on April 1, 2018 ("Effective Date"), and continue for two (2) years, at which time it will end on March 31, 2020. This Lease shall automatically renew unless Tenant or Landlord provide at least thirty days' (30) written notice of non-renewal. In the event Landlord elects to offer the leased premises for sale, then the lease shall terminate upon 90 days written notice to Tenant. If Landlord does sell Premises within the Initial Term, Landlord agrees to refund that portion of the Security Deposit paid for the last month's rent (as described in Section 4, below), and a prorated amount of the rent for the month of the sale.

4. **RENT**. Upon signing the Lease, Tenant shall pay Landlord a Security Deposit of one thousand dollars (\$1,000.00) ("Security Deposit"). Prior to the Lease's Effective Date, Tenant shall give Landlord first month's rent of two thousand dollars (\$2,000.00) plus sales tax of one hundred and forty dollars (\$140.00), and last month's rent of two-thousand, five hundred dollars (\$2,500.00), which includes sales tax, for a total of four thousand, six-hundred forty dollars (\$4,640.00).

24. **ACCESS.** Landlord has reserved the right to utilize the second floor of the subject building for its own use or for the use of its subtenants. Landlord shall have full access to the second floor of the building for such purposes; however, such usage shall not unreasonably interfere with the operations of Tenant or Tenant's medical practice. Landlord and Tenant shall cooperate with one another to insure that the objectives of this section are achieved.

25. **FLORIDA LAW.** This Lease constitutes a contract under the laws of the State of Florida and shall be enforceable in accordance with Florida contract law. Venue for purposes of litigating any of the rights or interests arising hereunder shall be fixed in Pinellas County, Florida.

IN WITNESS WHEREOF, this Commercial Lease Agreement is executed on the day and year set forth above.

LANDLORD:

HARPO HOLDINGS, INC.

By: 

CHARLES W. ROSS, President

TENANT:

By: 

Brett S. Levine D.O.

Home Address: 170 8th St. N
St. Petersburg, FL 33701

COMMON POLICY DECLARATIONS

NEW

Underwritten by: SCOTTSDALE INSURANCE COMPANY

Home Office:

One Nationwide Plaza Columbus, Ohio 43215

Administrative Office:

8877 North Gainey Center Drive Scottsdale, Arizona 85258

1-800-423-7675 * A Stock Company

Policy Number

CPS2805641

Renewal of Number

COMEGYS INSURANCE CORNER
PO BOX 1438

ST PETERSBURG, FL 33731

ITEM 1. NAMED INSURED AND MAILING ADDRESS

LEV MED LLC

1519 DR MARTIN LUTHER KING JR ST

SAINT PETERSBURG, FL 33704

If property coverage is afforded
by this policy, the POLICY IS A
CO-INSURANCE CONTRACT.

AGENT NAME AND ADDRESS

TAPCO UNDERWRITERS, INC.

PO BOX 17069

CLEARWATER, FL 33762

Agent No. 09019

Program No.: A1

ITEM 2. POLICY PERIOD From: 04/02/2018

To: 04/02/2019

Term: 365 DAYS

12:01 A.M. Standard Time at your mailing address.

BUSINESS DESCRIPTION MEDICAL OFFICE

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy. This policy consists of the following coverage parts for which a premium is indicated. Where no premium is shown, there is no coverage. This premium may be subject to adjustment.

Coverage Part(s)

Commercial General Liability Coverage Part
Commercial Property Coverage Part
Commercial Crime Coverage Part
Commercial Inland Marine Coverage Part
Commercial Auto (Business Auto or Truckers) Coverage Part
Liquor Liability Coverage Part
Professional Liability Coverage Part

Premium Summary

\$ 570.00
\$ 632.00
\$ NOT COVERED
\$ NOT COVERED
\$ NOT COVERED
\$ NOT COVERED
\$ NOT COVERED
\$ 1,202.00

Total Policy Premium:

SURPLUS LINES INSURERS'
POLICY RATES AND FORMS ARE
NOT APPROVED BY ANY FLORIDA
REGULATORY AGENCY.

POLICY FEE \$ 35.00
INSPECTION FEE \$ 90.00
STATE TAX \$ 66.35
FSLSO SERVICE FEE \$ 1.33
CPICA FEE \$
FHCF ASSESSMENT \$
EMPA FEE \$ 4.00

Policy Total: \$ 1,398.68

Form(s) and Endorsement(s) made a part of this policy at time of issue:

See Schedule of Forms and Endorsements

Countersigned: CLEARWATER, FL

04/10/2018

(Date)

By



(Authorized Representative)

THIS COMMON POLICY DECLARATION AND THE SUPPLEMENTAL DECLARATION(S), TOGETHER WITH
THE COMMON POLICY CONDITIONS, COVERAGE PART(S), COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY,
COMPLETE THE ABOVE NUMBERED POLICY.