2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2011
Secretary of State

DOCUMENT# L78329

Entity Name: LAURENCE S. LEVINE, PSY.D., P.A.

Current Principal Place of Business:

1059 SW BROMELIA TER
STUART, FL 34997

New Principal Place of Business:

900 EAST OCEAN BLVD
D-130
STUART, FL 34997 US

Current Mailing Address:

1059 SW BROMELIA TER
STUART, FL 34997

New Mailing Address:

1059 SW BROMELIA TERRACE
STUART, FL 34997 US

FEI Number: 65-0199243 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEVINE, LAURENCE S.,PSY.D.
1059 SW BROMELIA TER
STUART, FL 34997 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

OFFICERS AND DIRECTORS:

Title: O
Name: LEVINE, LAURENCE S PRES.
Address: 1059 SW BROMELIA TER
City-St-Zip: STUART, FL 34997

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LAURENCE S LEVINE, PSYD PRES 01/05/2011

Electronic Signature of Signing Officer or Director — Date