

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 09, 2009
Secretary of State**

DOCUMENT# N08000006168

Entity Name: HENRY LEVINE, M.D., FAMILY FOUNDATION, INC.

Current Principal Place of Business:

3461 FERNLAKE PL.
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

1206 E. RIDGEWOOD ST.
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 26-3140328 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRYANT, CARLA D
1206 E. RIDGEWOOD
ORLANDO, FL 32803 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: D () Delete
Name: LEVINE, HENRY
Address: 3461 FERNLAKE PL.
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: LEVINE, PAMELA
Address: 3461 FERNLAKE PL.
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: THOMAS, THOMAS A
Address: 1302 ORANGE AVE.
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HENRY LEVINE

D

04/09/2009

Electronic Signature of Signing Officer or Director

_____ Date