

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006168

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

**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:**

3461 FERNLAKE PLACE  
LONGWOOD, FL 32779

**Current Mailing Address:**

1206 E. RIDGEWOOD ST.  
ORLANDO, FL 32803

**New Mailing Address:**

1206 EAST RIDGEWOOD STREET  
ORLANDO, FL 32803

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:**

BRYANT, CARLA DELOACH  
1206 EAST RIDGEWOOD STREET  
ORLANDO, FL 32803 US

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: CARLA DELOACH BRYANT

04/14/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: LEVINE, HENRY  
Address: 3461 FERNLAKE PLACE  
City-St-Zip: LONGWOOD, FL 32779

Title: D  
Name: LEVINE, PAMELA  
Address: 3461 FERNLAKE PLACE  
City-St-Zip: LONGWOOD, FL 32779

Title: D  
Name: THOMAS, THOMAS A  
Address: 1302 ORANGE AVENUE  
City-St-Zip: WINTER PARK, FL 32789

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

SIGNATURE: HENRY LEVINE

D

04/14/2011

Electronic Signature of Signing Officer or Director

Date