

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000027051

Entity Name: LISA S. LEVINE, P.A.

FILED  
Jan 29, 2009  
Secretary of State

## Current Principal Place of Business:

2665 EXECUTIVE PARK DR #2  
WESTON, FL 33331

## New Principal Place of Business:

2893 EXECUTIVE PARK DR  
SUITE 203  
WESTON, FL 33331

## Current Mailing Address:

2665 EXECUTIVE PARK DR #2  
WESTON, FL 33331

## New Mailing Address:

2893 EXECUTIVE PARK DR  
SUITE 203  
WESTON, FL 33331

FEI Number: 65-1082346

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEVINE, LISA S  
2665 EXECUTIVE PARK DR #2  
FORT LAUDERDALE, FL 33331 US

## Name and Address of New Registered Agent:

LEVINE, LISA S  
2893 EXECUTIVE PARK DR  
SUITE 203  
FORT LAUDERDALE, FL 33331 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:

01/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPVS ( ) Delete  
Name: LEVINE, LISA S  
Address: 2665 EXECUTIVE PARK DR #2  
City-St-Zip: WESTON, FL 33331

Title: T ( ) Delete  
Name: LEVINE, LISA S  
Address: 2665 EXECUTIVE PARK DR #2  
City-St-Zip: WESTON, FL 33331

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPVS (X) Change ( ) Addition  
Name: LEVINE, LISA S  
Address: 2893 EXECUTIVE PARK DR #203  
City-St-Zip: WESTON, FL 33331

Title: T (X) Change ( ) Addition  
Name: LEVINE, LISA S  
Address: 2893 EXECUTIVE PARK DR #203  
City-St-Zip: WESTON, FL 33331

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

SIGNATURE: LISA S. LEVINE

DPVS

01/29/2009

Electronic Signature of Signing Officer or Director

Date