2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# P02000001027

Entity Name: ADAM S. LEVINE, M.D., P.A.

Current Principal Place of Business:

1180 GULF BLVD.
APT. #303
CLEARWATER, FL 33767

New Principal Place of Business:

Current Mailing Address:

1180 GULF BLVD.
APT. #303
CLEARWATER, FL 33767

New Mailing Address:

FEI Number: 26-0002571 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEVINE, ADAM S
345 BAYSHORE BOULEVARD
SUITE 505
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

LEVINE, ADAM S ADAM LE
2107 WEST CASS STREET SUITE B
TAMPA, FL 33606 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: ADAM LEVINE 02/18/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LEVINE, ADAM S PRES
Address: 1180 GULF BLVD., UNIT 303
City-St-Zip: CLEARWATER, FL 33767

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SIGNATURE: ADAM LEVINE P 02/18/2009
Electronic Signature of Signing Officer or Director Date