

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000056370 1. Entity Name BRUCE M. LEVINE, P.A.	
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Principal Place of Business 1900 GLADES ROAD #205 BOCA RATON, FL 33431 US	Mailing Address 1900 GLADES ROAD #205 BOCA RATON, FL 33431 US
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04112008 No Chg-P CR2E034 (11/05)

4. FEI Number 02-0607063	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent FLORIDA FILING & SEARCH SERVICES 155 OFFICE PLAZA DRIVE, SUITE A TALLAHASSEE, FL 32302
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**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

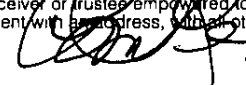
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U000000934806
05/23/08-80047-011 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVINE, BRUCE M 1900 GLADES ROAD, #205 BOCA RATON, FL 33431
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Bruce M. Levine, Pres.** **4/1/08** **561-353-1100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #