2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000020771

1. Entity Name
SHARON LEVINE, P.A.

Principal Place of Business	Mailing Address
8351 WATERFORD AVENUE	8351 WATERFORD AVENUE
TAMARAC, FL 33321-8117 US	TAMARAC, FL 33321-8117 US

FILED
Apr 30, 2007 08:00 Al
Secretary of State

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03112007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
33-1051456	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEVINE, SHARON J
8351 WATERFORD AVENUE
TAMARAC, FL 33321-8117

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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_____

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

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

H00000743757
05/17/07-80080-024 150.00

10.	OFFICERS AND DIRECTORS

TITLE	D
NAME	LEVINE, SHARON
STREET ADDRESS	8351 WATERFORD AVENUE
CITY-ST-ZIP	TAMARAC, FL 33321

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
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CITY-ST-ZIP	

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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: _Sharon Levine_ Sharon LEVINE Pres.   4/25/07   954-993-8476

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #