

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000053334

Entity Name: ESTHER LEVIN, M.D., P.A.

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

475 BILTMORE WAY SUITE 401  
CORAL GABLES, FL 33134

## **New Principal Place of Business:**

495 BILTMORE WAY SUITE 401  
CORAL GABLES, FL 33134

## **Current Mailing Address:**

475 BILTMORE WAY SUITE 401  
CORAL GABLES, FL 33134

## **New Mailing Address:**

495 BILTMORE WAY SUITE 401  
CORAL GABLES, FL 33134

FEI Number: 20-2671985

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

LEVIN, ESTHER  
475 BILTMORE WAY SUITE 401  
CORAL GABLES, FL 33134 US

## **Name and Address of New Registered Agent:**

LEVIN, ESTHER  
495 BILTMORE WAY SUITE 401  
CORAL GABLES, FL 33134 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: ESTHER LEVIN

04/20/2011

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: PRES  
Name: LEVIN, ESTHER  
Address: 495 BILTMORE WAY SUITE 401  
City-St-Zip: CORAL GABLES, FL 33134

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

SIGNATURE: ESTHER LEVIN

PRES

04/20/2011

Electronic Signature of Signing Officer or Director

Date