

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000041112

FILED
May 01, 2011
Secretary of State

Entity Name: LEVINE CONSULTING INCORPORATED

Current Principal Place of Business:

8935 DICKENS AVENUE
N/A
SURFSIDE, FL 33154 US

New Principal Place of Business:

Current Mailing Address:

8935 DICKENS AVENUE
N/A
SURFSIDE, FL 33154 US

New Mailing Address:

FEI Number: 27-2560953

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVINE, ELIZABETH A PHD, RN
8935 DICKENS AVENUE
N/A
SURFSIDE, FL 33154 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: LEVINE, ELIZABETH A PHD, RN
Address: 8935 DICKENS AVENUE
City-St-Zip: SURFSIDE, FL 33154 US

Title: VP
Name: LEVINE, SAMUEL E
Address: 8935 DICKENS AVENUE
City-St-Zip: SURFSIDE, FL 33154 US

Title: TREA
Name: LEVINE, STEVEN
Address: 8935 DICKENS AVENUE
City-St-Zip: SURFSIDE, FL 33154 US

Title: SECR
Name: LEVINE, RUBEN H
Address: 8935 DICKENS AVENUE
City-St-Zip: SURFSIDE, FL 33154 US

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: ELIZABETH A. LEVINE

DR.

05/01/2011

Electronic Signature of Signing Officer or Director

Date