

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000032928

Entity Name: THOMAS LEVINSON, P.A.

**FILED**  
**Feb 10, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

918 ALFONSO AVENUE  
CORAL GABLES, FL 33146 US

**New Principal Place of Business:**

**Current Mailing Address:**

918 ALFONSO AVENUE  
CORAL GABLES, FL 33146 US

**New Mailing Address:**

FEI Number: 65-0411272

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEVINSON, THOMAS B  
918 ALFONSO AVENUE  
CORAL GABLES, FL 33146 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: D  
Name: LEVINSON, THOMAS B  
Address: 918 ALFONSO AVENUE  
City-St-Zip: CORAL GABLES, FL 33146

Title: D  
Name: LEVINSON, SANDRA  
Address: 918 ALFONSO AVENUE  
City-St-Zip: CORAL GABLES, FL 33146

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: SANDRA LEVINSON

DIR

02/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date