## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V56867

Entity Name: ALAN MARK LEVINE, M.D, P.A.

FILED Jan 10, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1501 PASADENA AVENUE SOUTH ST PETERSBURG, FL 33707 US

Current Mailing Address: New Mailing Address:

6101 PASADENA STREET BLVD. SOUTH 6132 KIPPS COLONY DR W GULFPORT, FL 33707 US GULFPORT, FL 33707 US

FEI Number: 59-3133773 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

LEVINE, ALAN MARK M.D.
6101 PASADENA PT BLVD S
GULFPORT, FL 33707 US
LEVINE, ALAN MARK M.D.
6132 KIPPS COLONY DR W
GULFPORT, FL 33707 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: ALAN M LEVINE, M.D. 01/10/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 LEVINE, ALAN MARK,
 Name:
 LEVINE, ALAN MARK,

 Address:
 6101 PASADENA PT BLVD S
 Address:
 6132 KIPPS COLONY DR W

 City-St-Zip:
 GULFPORT, FL 33707
 City-St-Zip:
 GULFPORT, FL 33707

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ALAN M LEVINE, M.D. PRES 01/10/2009