

2015 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A10000000459

Entity Name: LEVINSON MEDICAL CENTERS, LLLP

Current Principal Place of Business:

17011 PINES BLVD
PEMBROKE PINES, FL 33027

Current Mailing Address:

17011 PINES BLVD
PEMBROKE PINES, FL 33027

FEI Number: 27-3296335

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEVINSON, CATHERINE
17011 PINES BLVD
PEMBROKE PINES, FL 33027 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:

Electronic Signature of Registered Agent

Date

General Partner Detail :

Document #

Name D.MITCHELL & CATHERINE LEVINSON
BY TENANCY

Address BY THE ENTIRETIES 17011 PINES
BLVD.

City-State-Zip: PEMBROKE PINES FL 33027

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 a general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CATHERINE LEVINSON

REGISTERED AGENT

04/08/2015

Electronic Signature of Signing General Partner Detail

Date