

2018 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A10000000459

Entity Name: LEVINSON MEDICAL CENTERS, LLLP

Current Principal Place of Business:

890 SW 174 TERRACE
PEMBROKE PINES, FL 33029

Current Mailing Address:

890 SW 174 TERRACE
PEMBROKE PINES, FL 33029 US

FEI Number: 27-3296335

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEVINSON, CATHERINE
890 SW 174 TERRACE
PEMBROKE PINES, FL 33029 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 890 SW 174
TERRACE

City-State-Zip: PEMBROKE PINES FL 33029

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

03/07/2018

Electronic Signature of Signing General Partner Detail

Date