

**2013 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:** Yes

**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**

**03/07/2013**

\_\_\_\_\_  
Electronic Signature of Signing General Partner Detail

\_\_\_\_\_  
Date