FEI Number: 26-3140328		Certificate of Status Desired: No	
Name and Address of Current Registered Agent:			
LA A GEWOOD STREET 32803 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.			
CARLA A. DELOACH			03/23/2016
Electronic Signature of Registered Agent			Date
tor Detail :			
D	Title	D	
LEVINE, HENRY M.D.	Name	LEVINE, PAMELA	
3461 FERNLAKE PLACE	Address	3461 FERNLAKE PLACE	
LONGWOOD FL 32779	City-State-Zip:	LONGWOOD FL 32779	
D	Title	D	
THOMAS, THOMAS A	Name	LEVINE, ANDREW L	
1302 ORANGE AVENUE	Address	32 ABERDEEN STREET	
WINTER PARK FL 32789	City-State-Zip:	ATLANTA GA 30307	
	Adress of Current Registered Agent: LA A SEWOOD STREET 32803 US entity submits this statement for the purpose of changing its regists CARLA A. DELOACH Electronic Signature of Registered Agent tor Detail : D LEVINE, HENRY M.D. 3461 FERNLAKE PLACE LONGWOOD FL 32779 D THOMAS, THOMAS A 1302 ORANGE AVENUE	Adress of Current Registered Agent: LA A SEWOOD STREET 32803 US entity submits this statement for the purpose of changing its registered office or regis CARLA A. DELOACH Electronic Signature of Registered Agent tor Detail : D Title LEVINE, HENRY M.D. Name 3461 FERNLAKE PLACE Address LONGWOOD FL 32779 City-State-Zip: D Title 1302 ORANGE AVENUE Address	Address of Current Registered Agent: LA A SEWOOD STREET 32803 US entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flor CARLA A. DELOACH Electronic Signature of Registered Agent tor Detail : D LEVINE, HENRY M.D. 3461 FERNLAKE PLACE LONGWOOD FL 32779 D Title D Title D LEVINE, HENRY M.D. Name LEVINE, PAMELA 3461 FERNLAKE PLACE LONGWOOD FL 32779 City-State-Zip: LONGWOOD FL 32779 D Title D THOMAS, THOMAS A Name LEVINE, ANDREW L 1302 ORANGE AVENUE Address 32 ABERDEEN STREET

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

DIRECTOR

SIGNATURE: HENRY LEVINE MD

Electronic Signature of Signing Officer/Director Detail

03/23/2016

DOCUMENT# N0800006168

Entity Name: HENRY LEVINE, M.D., FAMILY FOUNDATION, INC.

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

3461 FERNLAKE PLACE LONGWOOD, FL 32779

Current Mailing Address:

1206 EAST RIDGEWOOD STREET ORLANDO, FL 32803

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FILED Mar 23, 2016 Secretary of State CC4559553742

Date