

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000006168

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

**Current Principal Place of Business:**

3461 FERNLAKE PLACE  
LONGWOOD, FL 32779

**Current Mailing Address:**

1206 EAST RIDGEWOOD STREET  
ORLANDO, FL 32803

**FEI Number: 26-3140328**

**Certificate of Status Desired: No**

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

BRYANT, CARLA DELOACH  
1206 EAST RIDGEWOOD STREET  
ORLANDO, FL 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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name LEVINE, HENRY M.D.  
Address 3461 FERNLAKE PLACE  
City-State-Zip: LONGWOOD FL 32779

Title D  
Name LEVINE, PAMELA  
Address 3461 FERNLAKE PLACE  
City-State-Zip: LONGWOOD FL 32779

Title D  
Name THOMAS, THOMAS A  
Address 1302 ORANGE AVENUE  
City-State-Zip: WINTER PARK FL 32789

Title D  
Name LEVINE, SHARON M  
Address 3615 OXFORD AVENUE  
APT #2  
City-State-Zip: BRONX NY 10463

Title D  
Name LEVINE, ANDREW L  
Address 32 ABERDEEN STREET  
City-State-Zip: ATLANTA GA 30307

*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.*

**SIGNATURE: HENRY LEVINE M.D.**

**DIRECTOR**

**04/22/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date