

2015 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:

DELOACH, CARLA A
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: CARLA A. DELOACH

04/26/2015

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 MD

DIRECTOR

04/26/2015

Electronic Signature of Signing Officer/Director Detail

Date