

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 602562

Entity Name: LEVINE SURGICAL ASSOCIATES, P.A.

Current Principal Place of Business:

4957 38TH AVE N
SUITE C
ST. PETERSBURG, FL 33710

Current Mailing Address:

4957 38TH AVE N
SUITE C
ST. PETERSBURG, FL 33710

FEI Number: 59-1307291

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEVINE, STEVEN MMD
4957 38TH AVENUE NORTH
SUITE C
ST. PETERSBURG, FL 33710 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	PSTD	Title	CFO
Name	LEVINE, STEVEN MMD	Name	LEVINE, SUSAN M
Address	4957 38TH AVENUE N., SUITE C	Address	4957 38TH AVENUE N., SUITE C
City-State-Zip:	ST PETERSBURG FL 33710	City-State-Zip:	ST PETERSBURG FL 33710

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

SIGNATURE: SUSAN M. LEVINE **CFO** **04/28/2013**

Electronic Signature of Signing Officer/Director Detail Date