

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 602562

**Entity Name:** LEVINE SURGICAL ASSOCIATES, P.A.

**Current Principal Place of Business:**

1169 79TH ST S  
ST. PETERSBURG, FL 33707

**Current Mailing Address:**

1169 79TH ST S  
ST. PETERSBURG, FL 33707 US

**FEI Number: 59-1307291**

**Certificate of Status Desired: Yes**

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

LEVINE, STEVEN MMD  
1169 79TH ST S  
ST. PETERSBURG, FL 33707 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  
Name LEVINE, STEVEN MMD  
Address 1169 79TH ST S  
City-State-Zip: ST. PETERSBURG FL 33707

Title CFO  
Name LEVINE, SUSAN M  
Address 1169 79TH ST S  
City-State-Zip: ST. PETERSBURG FL 33707

*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**

**03/30/2020**

Electronic Signature of Signing Officer/Director Detail

Date