

2014 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
Name LEVINE, STEVEN MMD
Address 4957 38TH AVENUE N., SUITE C
City-State-Zip: ST PETERSBURG FL 33710

Title CFO
Name LEVINE, SUSAN M
Address 4957 38TH AVENUE N., SUITE C
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 MARGER LEVINE

CFO

04/12/2014

Electronic Signature of Signing Officer/Director Detail

Date