

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000060130

**Entity Name:** DOUGLAS LEVINE P.A.

**Current Principal Place of Business:**

2300 SW 97TH LN  
DAVIE, FL 33324

**Current Mailing Address:**

2300 SW 97TH LN  
DAVIE, FL 33324 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

LEVINE, DOUGLAS  
2300 SW 97TH LN  
DAVIE, FL 33324 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	P	Title	VP
Name	LEVINE, DOUGLAS	Name	LEVINE, RENEE
Address	2300 SW 97TH LN	Address	2300 SW 97TH LN
City-State-Zip:	DAVIE FL 33324	City-State-Zip:	DAVIE FL 33324

*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:** DOUGLAS LEVINE

**PRESIDENT**

**03/15/2017**

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

\_\_\_\_\_  
Date