

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000111778

Entity Name: MITCHELL R. LEVINE, D.M.D., P.A.

Current Principal Place of Business:

3600 CARDINAL POINT DR.
JACKSONVILLE, FL 32257

Current Mailing Address:

3600 CARDINAL POINT DR.
JACKSONVILLE, FL 32257

FEI Number: 59-3622663

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEVINE, MITCHELL R
2823 FOREST CIRCLE
JACKSONVILLE, FL 32257 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 PRESIDENT
Name LEVINE, MITCHELL R DR.
Address 3600 CARDINAL POINT DR.
City-State-Zip: JACKSONVILLE FL 32257

Title VP
Name CREWS, JESSICA T DR.
Address 3600 CARDINAL POINT DR.
City-State-Zip: JACKSONVILLE FL 32257

Title TREASURER
Name LEVINE, MITCHELL R DR.
Address 3600 CARDINAL POINT DR.
City-State-Zip: JACKSONVILLE FL 32257

Title SECRETARY
Name CREWS, JESSICA T DR.
Address 3600 CARDINAL POINT DR.
City-State-Zip: JACKSONVILLE FL 32257

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: MITCHELL LEVINE

PRESIDENT

01/08/2017

Electronic Signature of Signing Officer/Director Detail

Date