

2013 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: DR MITCHELL R LEVINE**PRESIDENT****01/05/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date