

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000160337

Entity Name: LEVINE PODIATRY GROUP, LLC

Current Principal Place of Business:

5210 LINTON BLVD #206
DELRAY BEACH, FL 33484

Current Mailing Address:

5210 LINTON BLVD #206
DELRAY BEACH, FL 33484

FEI Number: 65-0948069

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEVINE, STUART B
5210 LINTON BLVD #206
DELRAY BEACH, FL 33484 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

Authorized Person(s) Detail :

Title AMBR
Name LEVINE, STUART B
Address 5210 LINTON BLVD #206
City-State-Zip: DELRAY BEACH FL 33484

Title AMBR
Name COYLE, MARY
Address 5210 LINTON BLVD #206
City-State-Zip: DELRAY BEACH FL 33484

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STUART B LEVINE, DPM

OWNER

01/13/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date