

**2019 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:** MARY COYLE

**OFFICE MANAGER**

**02/20/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date