

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000204095

**FILED**  
**Mar 29, 2018**  
**Secretary of State**  
**CC6587412731**

**Entity Name:** LEVINE VETERINARY NEUROLOGY, NEUROSURGERY & IMAGING CENTER, PLLC

**Current Principal Place of Business:**

8460 COOPER CREEK BOULEVARD  
SUITE 101  
UNIVERSITY PARK, FL 34201

**Current Mailing Address:**

8460 COOPER CREEK BOULEVARD  
SUITE 101  
UNIVERSITY PARK, FL 34201 US

**FEI Number: 82-2983291**

**Certificate of Status Desired: No**

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

TK REGISTERED AGENT, INC  
101 EAST KENNEDY BLVD STE 2700  
TAMPA, FL 33602 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	MBR	Title	MBR
Name	LEVINE, CHRISTOPHER DVM	Name	LEVINE, KRISTEN
Address	8460 COOPER CREEK BOULEVARD SUITE 101	Address	8460 COOPER CREEK BOULEVARD SUITE 101
City-State-Zip:	UNIVERSITY PARK FL 34201	City-State-Zip:	UNIVERSITY PARK FL 34201

*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: CHRISTOPHER LEVINE, DVM**

**MEMBER**

**03/29/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date