

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

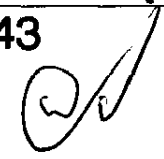

**FILED**  
**Jul 16, 2003 8:00 am**  
**Secretary of State**

0005653 AV

07-16-2003 90038 026 \*\*\*150.00

**DOCUMENT # P02000039543**

1. Entity Name  
**FRUIT COVE FAMILY MEDICINE, P.A.**

Principal Place of Business  
**1400 BISHOP ESTATES RD  
JACKSONVILLE FL 32259**

Mailing Address  
**1400 BISHOP ESTATES RD  
JACKSONVILLE FL 32259**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number  
**04-3641491**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**LEVINE, DONALD S MD  
1400 BISHOP ESTATES RD  
JACKSONVILLE FL 32259**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LEVINE, DONALD J MD</b> <b>1400 BISHOP ESTATES RD</b> <b>JACKSONVILLE FL 32259</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MILLER, NICOLE M MD</b> <b>1400 BISHOP ESTATES RD</b> <b>JACKSONVILLE FL 32259</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X** **SIGNATURE REQUIRED** **7/14/03** **904-297-8794**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

Attachment

90143325

#P020000239543

FRUIT COVE FAMILY MEDICINE, P.A.

Donald J. Levine, M.D.

July 14, 2003

To Whom It May Concern,

Fruit Cove Family Medicine, P.A. was incorporated April 2002; a 2003 UBR notice was received in the mail the first week of July. This is the first notice that this company has received, therefore not knowing that there was a May 1, 2003 deadline. Please accept this letter as written notification of this, along with a check for 150.00 per the instructions on the 1-850-488-9000 telephone message. Please feel free to call my office manager, Beverly Pye, at 904-287-2794 if there are any questions regarding this matter.

Sincerely,



Donald J. Levine, M.D.  
DJL/blp