

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 517789

1. Entity Name

OB-GYN ASSOCIATES, HARVEY A. LEVIN, M.D., P A.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90012 008 ***150.00

Principal Place of Business

35207 US 19 N
PALM HARBOR FL 34684
US

Mailing Address

35207 US 19 N
PALM HARBOR FL 34684-3730
US

2. Principal Place of Business

3. Mailing Address

31922 US 19 N

31922 US 19 N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 488

Suite 488

City & State

City & State

Palm Harbor, FL

Palm Harbor, FL

Zip

Country

Zip

Country

34684

US

34684

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVIN HARVEY A.
35207 N US 19
PALM HARBOR FL 34684

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LEVIN, HARVEY A
35207 US 19 N 31922 US 19 N
PALM HARBOR FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
31922 US 19 N
Palm Harbor, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00

Date

7277867227

Daytime Phone #

CR2E034 (9/99)