

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 19, 2001 8:00 am**  
**Secretary of State**

07-19-2001 90234 040 \*\*\*150.00

**DOCUMENT # 634372**

1. Entity Name

**LEONARD J. LEVINE, M.D., P.A.**

Principal Place of Business

**80 WEST GORE ST.  
 ORLANDO FL 32806**

Mailing Address

**80 WEST GORE ST.  
 ORLANDO FL 32806**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1953858**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STONE, STEPHEN M.  
 SUITE 1465, CNA TOWER, 255 S. ORANGE AVE.  
 ORLANDO FL 32801**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 **PD** ☐ Delete  
 NAME **LEVINE, LEONARD J., M.D.**  
 STREET ADDRESS **80 W GORE ST**  
 CITY-ST-ZIP **ORLANDO FL 32806**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **ST** ☐ Delete  
 NAME **LEVINE, IRVING A.**  
 STREET ADDRESS **80 W GORE ST**  
 CITY-ST-ZIP **ORLANDO FL 32806**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 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 or without power of attorney.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/01

Daytime Phone #

CR2E034 (5/01)

PRAGUE AND LEVIN  
CERTIFIED PUBLIC ACCOUNTANTS  
545 NORTH PARK AVENUE  
WINTER PARK, FLORIDA 32789-3214

(407) 644-2322

FAX: 407-644-2988

MEMBER  
AMERICAN INSTITUTE OF CERTIFIED  
PUBLIC ACCOUNTANTS

MEMBER  
FLORIDA INSTITUTE OF CERTIFIED  
PUBLIC ACCOUNTANTS

Attachment  
DF 634372  
ADD 8311

July 12, 2001

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Leonard J. Levine, M.D., P.A.  
634372

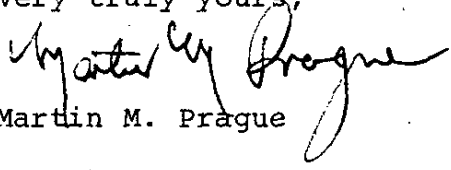
Gentlemen:

The above named client has received their second notice on their annual report. This is the second year that the first notice has not been received.

Last year we paid the \$550 late fee but it is strange that it should happen two years in a row.

We are enclosing the report with a check for \$150 and ask that the late fee be abated in view of the circumstances.

Very truly yours,

  
Martin M. Prague

MMP:pc

encls.