

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90034 044 ***150.00

DOCUMENT # F02478

1. Entity Name

LEVY, BAKER, CONSTINE & GREENBERG, M.D., P.A.

Principal Place of Business

Mailing Address

2450 HARBOR BLVD.
 C/O KENNETH D. LEVY, M.D.
 PORT CHARLOTTE FL 33952
 US

2450 HARBOR BLVD.
 C/O KENNETH D. LEVY, M.D.
 PORT CHARLOTTE FL 33952-5039
 US

837957



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1641 TALIANI TR.
 Suite, Apt. #, etc.
 SUITE 1

Suite, Apt. #, etc.

City & State
 Pt. CHARLOTTE, FL 33948

City & State

4. FEI Number **59-2050967**

Applied For
 Not Applicable

Zip
 33948

Country
 U.S.A.

Zip

Country

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

LEVY, KENNETH D.
 2450 HARBOR BLVD.
 PORT CHARLOTTE FL 33952

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 ~~Fee~~ **\$5.00** May Be
 Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	LEVY, KENNETH D.	
STREET ADDRESS	22901 BAYSHORE	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	BAKER, STEVEN S.	
STREET ADDRESS	4461 GARDNER DR.	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	VDP	<input type="checkbox"/> Delete
NAME	CONSTINE, RONALD M.	
STREET ADDRESS	18444 BRIGGS CR	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	VDP	<input type="checkbox"/> Delete
NAME	GREENBERG, DALE A.	
STREET ADDRESS	137 CREEK DR.	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	VOP	<input type="checkbox"/> Delete
NAME	HANSELL, ROBERT A	
STREET ADDRESS	2450 HARBOR BLVD.	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DALE A GREENBERG, M.D., VP

Date

Daytime Phone #

CR 1 014 1999