

**FILED**  
**Jun 05, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90086 015 \*\*\*150.00

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H62771

1. Entity Name

TAMPA OBSTETRICS, P.A.

Principal Place of Business

888 SO PARSONS AVE  
 BRANDON FL 33511  
 US

Mailing Address

888 SOUTH PARSONS AVE.  
 BRANDON FL 33511  
 US

2. Principal Place of Business

888 S PARSONS AVE

Suite, Apt. #, etc.

3. Mailing Address

888 S PARSONS AVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City &amp; State

City &amp; State

4. FEI Number

59-2888442

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVINE, PAUL R  
 888 SOUTH PARSONS AVE.  
 BRANDON FL 33511

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.

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, 2001 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

|                                                   |                                                               |                                 |
|---------------------------------------------------|---------------------------------------------------------------|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | PSD<br>LEVINE, PAUL R<br>888 SOUTH PARSONS AVE.<br>BRANDON FL | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |                                                               | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |                                                               | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |                                                               | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |                                                               | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |                                                               | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                                                   |                   |                                                                              |
|---------------------------------------------------|-------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | BRANDON, FL 33511 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

13. I hereby certify that the information supplied with this filing does not qualify for the exempt on 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:

S.W. LEVINE 04/30/01 (813) 654-2273

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PAUL R. LEVINE 05/31/01 (813) 654-2273

CR2E034 (10/00)