

2000 UNIFORM BUSINESS REPORT (UBR)

8/1

FILED
Aug 29, 2000 8:00 am
Secretary of State

08-16-2000 90005 009 ***550.00

DOCUMENT # K22740

1. Entity Name
STEPHEN H. LEVINE, M.D., F.A.C.S., P.A.

Principal Place of Business
**873 STERTHOUSE AVENUE
 STE 210
 ORMOND BEACH FL 32174**

Mailing Address
**873 STERTHOUSE AVENUE
 STE 210
 ORMOND BEACH FL 32174**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number: **59-2888856**

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

7. Name and Address of New Registered Agent

**MONACO, SMITH, PERKINS, LOUCKS & STOUT
 444 SEABREEZE BLVD
 SUITE 900
 DAYTONA BEACH FL 32118**

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

Victoria Seigler **Victoria Seigler**
 Signature, typed or printed name of registered agent and title (if applicable) **Office Manager**
NOTE: Registered Agent signature required when substituting

07-28-00
 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 13, 2000 Min. 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 Delete
DP
 NAME **LEVINE, STEPHEN H.**
 STREET ADDRESS **873 STERTHOUSE AVENUE**
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE Change Addition
DP
 NAME **STEPHEN H. LEVINE, M.D., F.A.C.S.**
 STREET ADDRESS **873 STERTHOUSE AVE., SUITE 210**
 CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
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 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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 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 807, 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:

Victoria Seigler **Victoria Seigler**
 Signature, typed or printed name of signing officer or director **Office Manager**
 Date **07-28-00** Daytime Phone # **904-673-8588**

Stephen H. Levine
 Signature

08-25-00 904-673-8588

CPREC04 (5/00)