

# 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**

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 **59-2888856**

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

**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**

**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  
 NAME **DP**  
 STREET ADDRESS **LEVINE, STEPHEN H.**  
 CITY-ST-ZIP **873 STERTHOUSE AVENUE**  
**ORMOND BEACH FL 32174**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 all other like empowered.

SIGNATURE:

*Victoria Seigler* **Victoria Seigler**  
 Signature, typed or printed name of signing officer or director **Office Manager**

**07-28-00**  
 Date

**904-673-8588**  
 Daytime Phone #

*Stephen H. Levine* **Stephen H. Levine**

**08-25-00 904-673-8588**

CP2E034 (5/00)