

**-2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # K22740

1. Entity Name

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



Principal Place of Business

873 STERTHAUS AVENUE
SUITE 206-A
ORMOND BEACH, FL 32174

Mailing Address

873 STERTHAUS AVENUE
SUITE 206-A
ORMOND BEACH, FL 32174



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

1100000007006
01/20/04-80006-001 150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
LEVINE, STEPHEN H.
873 STERTHAUS AVE., SUITE 206-A
ORMOND BEACH, FL 32174

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CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 10 or Block 11 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

Stephen H. Levine, M.D. 1-15-04 386-673-8588

Date

Daytime Phone #