

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90297 010 ***150.00

DOCUMENT # **K22740**

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



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

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

90016891



2. Principal Place of Business

873 Sterthaus Ave.

Suite, Apt. #, etc.

Ste. 206-A

City & State

Ormond Beach, Fl.

Zip

32174

Country

Volusia

3. Mailing Address

873 Sterthaus Ave.

Suite, Apt. #, etc.

Ste. 206-A

City & State

Ormond Beach, Fl.

Zip

32174

Country

Volusia

CHECK HERE IF MAKING CHANGES

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**

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. 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

1/30/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DP** Delete
NAME **LEVINE, STEPHEN H.**
STREET ADDRESS **873 STERTHAUS AVE, STE 210**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** Change Addition
NAME **Levine, Stephen H.**
STREET ADDRESS **873 Sterthaus Ave, Ste. 206-A**
CITY-ST-ZIP **Ormond Beach, Florida 32174**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/30/03

Daytime Phone #

386-673-8588

CR2E034 (10/02)