

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K95378

1. Entity Name

COASTAL MEDICAL ASSOCIATES, INC.

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90878 009 \*\*\*150.00

Principal Place of Business

Mailing Address

LEVIN, HERBERT, I. D.O.  
 4530 RIDGEWOOD AVE.  
 PORT ORANGE FL 32127  
 US

LEVIN, HERBERT, I.  
 P.O. BOX 250723  
 HOLLY HILL FL 32125-0723  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2952811

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

LEVIN, HERBERT I.  
 645 RIDGEWOOD AVENUE  
 HOLLY HILL FL 32017

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Delete
NAME	LEVIN, HERBERT I.	
STREET ADDRESS	645 RIDGEWOOD AVE.	
CITY-ST-ZIP	HOLLY HILL FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	JOHN LEVIN	
STREET ADDRESS	645 RIDGEWOOD AVE	
CITY-ST-ZIP	HOLLY HILL FL	
TITLE	PS	<input type="checkbox"/> Delete
NAME	LEVIN, BETSY	
STREET ADDRESS	645 RIDGEWOOD AVE	
CITY-ST-ZIP	HOLLY HILL FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(j), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Alevin

4-27-00

Date

904 788-1881

Daytime Phone #

CR 104 (04/00)