

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91614 014 ***150.00

DOCUMENT # K95378

1. Entity Name

COASTAL MEDICAL ASSOCIATES, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

4530 Ridgewood

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Port Orange Fla.

Zip

Country

Zip

Country

32127

Volusia

6. Name and Address of Current Registered Agent

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

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.

SIGNATURE **Betsy Levin**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5-12-02

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	VP LEVIN, HERBERT I. 645 RIDGEWOOD AVE. HOLLY HILL FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHN LEVIN 645 RIDGEWOOD AVE HOLLY HILL FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS LEVIN, BETSY 645 RIDGEWOOD AVE HOLLY HILL FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE REQUIRED
Betsy Levin

5-12-02

Daytime Phone #

CR2E034 (9/01)

Attachment

#K95378



435487

4530 Ridgewood Avenue • Port Orange, Florida 32127 • (904) 788-1881

MAY 12, 2002

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P O BOX 6327
TALLAHASSEE, FLORIDA 32314

TO WHOM IT MAY CONCERN:

REGARDING DOCUMENT #K95378 TAX ID 59-2952811.

I AM REQUESTING A WAIVER OF THE FOURHUNDRED FINE FOR MY CORPORATION REPORT.

PLEASE NOTE THAT THE FORM WAS SENT TO P. O. BOX 250723 HOLLY HILL, FL. 32125

AND THAT MY PLACE OF BUSINESS IS 4530 RIDGEWOOD PORT ORANGE, FL. 32127.

DUE TO THE FACT THAT THE FORM WAS NOT SENT TO THE PORT ORANGE OFFICE THERE

WAS A DELAY IN MY RECEIVING IT WHICH RESULTED IN A LATE FILING FEE.

PLEASE NOTE THAT MY OTHER CORPORATIONS WERE FILED IN ATTIMELY BASIS.

SINCERELY,

Betsy Levin

BETSY LEVIN
PRESIDENT