

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M79165

1. Entity Name

JOEL A. LEVIEN, M.D., P.A.

FILED

Mar 17, 2000 8:00 am  
Secretary of State

03-17-2000 90036 006 \*\*\*150.00

Principal Place of Business

2414 ALT A1A SOUTH  
SUITE 130  
JUPITER FL 33477

Mailing Address

11220 MUSTANG STREET  
BOCA RATON FL 33428-3926  
US

2. Principal Place of Business

210 Jupiter Lakes Blvd

3. Mailing Address

210 Jupiter Lakes Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bldg 3000-205

Bldg 3000-205

City & State

City & State

Jupiter, FL

Jupiter, FL 334-

Zip

Country

Zip

Country

33458

Palm Bch

33458

Palm Bch



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0055860

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

LEVIE, JOEL A M.D.  
2141 ALT A1A SOUTH  
SUITE 130  
JUPITER FL 33477

Name

(Same name) Joel A. Levien M.D.

Street Address (P.O. Box Number is Not Acceptable)

210 Jupiter Lakes Blvd

Bldg 3000-205

City

Jupiter FL

FL

Zip Code

33458

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PST  
LEVIE, JOEL A  
2141 ALT A1A SOUTH, SUITE 130  
JUPITER FL 33477

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/00 561-745-8119  
Date Daytime Phone #

CR2E034 (9/99)