

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 04, 2001 08:00 AM****Secretary of State****DOCUMENT # P00000052455**1. Entity Name
SCOTT LEVIN, M.D., P.A.

Principal Place of Business 40 NE 2ND AVE DEERFIELD BEACH FL 33441	Mailing Address 40 NE 2ND AVE DEERFIELD BEACH FL 33441
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2. Principal Place of Business	3. Mailing Address 12600 YARDLEY DRIVE
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State BOCA RATON FL
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Zip	Country	Zip	Country
		33428	

4. FEI Number 65-1013412	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentSCOTT LEVIN M.D.
40 NE 2ND AVE

DEERFIELD BEACH FL 33441**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 _____ DATE **07/04/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	LEVIN SCOTT	
STREET ADDRESS	40 NE 2ND AVE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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)(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: Scott Levin, M.D.

D

07/04/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)