2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State
02-06-2002 90021 024 ***150.00

DOCUMENT # P00000072829

1. Entity Name
JEFFREY H. LEVENSON, M.D., P.A.

Principal Place of Business	Mailing Address
720 GILMORE CENTRE SUITE 200 JACKSONVILLE FL 32204	720 GILMORE CENTRE SUITE 200 JACKSONVILLE FL 32204

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
751 Oak Street		751 Oak Street	
Suite, Apt. #, etc.: Suite 200		Suite, Apt. #, etc.: Suite 200	
City & State: Jacksonville FL		City & State: Jacksonville FL	
Zip: 32204	Country: USA	Zip: 32204	Country: USA

4. FEI Number 59-3661556 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COHEN, DAVID ESQ
C/O EDWARDS COHEN JACOBS & HARAMIS PA
200 NORTH LAURA STREET 12TH FLOOR
JACKSONVILLE FL 32202

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 [signature] DATE 1/18/02
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, 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	D LEVENSON, ~~LAVENSON~~, JEFFREY H 720 GILMORE CENTRE SUITE 200 JACKSONVILLE FL 32204 ☐ Delete — misspelled	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES, D Levenson, Jeffrey H 751 Oak Street, Suite 200 Jacksonville, FL 32204 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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] 1-18-02 (904)366-3781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #