

2001 UNIFORM BUSINESS REPORT (UBR)

4/

FILED
May 21, 2001 8:00 am
Secretary of State

04-24-2001 90024 002 ***150.00

DOCUMENT # P00000110911

1. Entity Name

REZNICK & LEVINE, M.D., P.A.

Principal Place of Business

880 NW 13TH ST. STE 2B
 BOCA RATON FL 33486

Mailing Address

880 NW 13TH ST. STE 2B
 BOCA RATON FL 33486

10000

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0086937

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent

~~MENKHAUS, DAVID J~~
~~2424 N FEDERAL HWY, STE 100~~
~~BOCA RATON FL 33431~~

7. Name and Address of New Registered Agent

Name

PHILIP H. FRIEDLAND CPA

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

235 S.E. 5TH Avenue

City

Delray Beach

FL

Zip Code
 33483

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

Philip H. Friedland
 PHILIP H. FRIEDLAND - CPA
 RICHARD A. LEVINE M.D. VICE PRESIDENT
 05/09/01
 2/19/01

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 State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	STEVEN E. REZNICK M.D.	
STREET ADDRESS	880 NW 13TH ST	
CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	RICHARD A. LEVINE M.D.	
STREET ADDRESS	880 NW 13TH ST	
CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard A. Levine M.D.
 RICHARD A. LEVINE M.D. VICE PRESIDENT
 2/19/01 (561) 368-0191

Date

Daytime Phone #

CR2034 (10/00)