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Daylime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P00000111920 1. Entity Name ROBERT LEE LEVINE, M.D.,P.A.						Feb 13, 2002 8:00 am Secretary of State 02-13-2002 90238 032 ***150.00					
Principal Place of Business 685 ESTATE WAY ATLANTIS FL 33462		Mailing Address 685 ESTATE WAY ATLANTIS FL 33462									
2. Principal F	Place of Business	3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & Stat	te	City & State	City & State			4. FEI Number 65-1060547 Applied For Not Applied]
Zip Country		Zip	Country	у	5. C		Status Desired		75 Add	ditional	
	-6. Name and Address of Current	Registered Agent		Name	71	lame and Ad	dress of New Re	gistered Age	nt		
LEVINE E	ROBERT LEE M.D.P.A		Name							,	
685 ESTA			Street Address			(P.O. Box Number is Not Acceptable)					
	S FL 33462							V III			
			-	City				FL	Zip Cod	e	
Tax filing r	Signature, typed or printed name of registered agent praction is eligible to satisfy its Intangible requirement and elects to do so.		!! FEE !!)2 Fee w	ill be \$550.0	0	10. Election	on Campaign Fina Fund Contribution.	DATE ncing		0 May Be I to Fees	
11.	OFFICERS AND	DIRECTORS	12.		AD	DITIONS/CH	ANGES TO OFFIC	ERS AND DIF	ECTORS	S IN 11	
TITLE NÄME STREET ADDRESS CITY-ST-ZIP	D Levine, robert lee 685 estate way Atlantis FL 33462	□ Delete	TITLE NAME STREET CITY-S	ADDRESS . T-ZIP					Change	☐ Addition	72E034 (9/01)
TITLE Name Street address City-St-Zip	,	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS 1-ZIP		,			Change	Addition	S
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. C.Delete	, TITLE NAME STREET CITY-S	ADORESS				<u>-</u>	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Oelete	TITLE NAME STREET CITY-SI	ADDRESS I-ZIP					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME • STREET CITY • ST	ADDRESS		10.			Change	Addition :	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	NAME STREET	ADDRESS -			-		Change	Addition	
13. I hereby c	ertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo	: true and accurate and that m	the exemp	otion stated in e shall have t	he same le	egal effect as	lif made under oat	h∵that Lam ai	n officer :	or director - L	