

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90227 026 ***150.00

DOCUMENT # **PO10000011806**

1. Entity Name

Leslie Levine, M.D., P.A.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

660 Glades Road

Suite, Apt. #, etc.

310

City & State

Boca Raton FL

Zip

33431

Country

3. Mailing Address

20423 State Rd 7 #260

Suite, Apt. #, etc.

City & State

Boca Raton FL

Zip

33498

Country

4. FEI Number

65-1071503

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Leslie Levine

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

20423 State Road 7 #260

City

Boca Raton

FL

Zip Code

33498

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when relating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	Leslie Levine
STREET ADDRESS	21529 Fall River Drive
CITY-ST-ZIP	Boca Raton FL 33428
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Leslie Levine MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/10/03

CR2E034B (12/02)