

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 16, 2004 08:00 AM
Secretary of State**

DOCUMENT # P92000007884

1. Entity Name

SCOTT D. LEVINE, M.D., P.A.



Principal Place of Business

7350 SANDLAKE COMMONS BLVD
STE 2215
ORLANDO, FL 32819

Mailing Address

7350 SANDLAKE COMMONS BLVD
STE 2215
ORLANDO, FL 32819



01272004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0375258

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KRAMER, ROBERT M
4000 HOLLYWOOD BLVD
SUITE 485 SOUTH
HOLLYWOOD, FL 33021

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME LEVINE, SCOTT D
STREET ADDRESS 7350 SANDLAKE COMMONS #2215
CITY-ST-ZIP ORLANDO, FL 32819

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02/16/04-80083-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Scott D. Levine 2/10/04 407-363-1515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #