## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## P93000026912 DOCUMENT #

1. Entity Name

SALOMON LEVIN, M.D., P.A.



## **FILED** Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90273 025 \*\*\*150.00

- Euocidai Pla	an of Dunings				·				
Principal Place of Business 480 EXECUTIVE CENTER DR. WEST PALM BEACH FL 33401		480 EXECUTIVE	Mailing Address 480 EXECUTIVE CENTER DR. WEST PALM BEACH FL 33401		} ( <b>188</b> )( <b>18</b> 6)	ia (1170 1111) <b>10</b> 11 <b>10</b> 11 <b>1</b> 0			
2. Principal	Place of Business	3. Mailing Addr	ess						
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State		4. FEI Number 65-0402580			-	pplied For
Zip	Country	Zip	Co	untry	5. Certificate of	Status Desired		8.75 Ad	ditional
	6. Name and Address of	Current Registered Agent			7. Name and A	ddress of New Regis			
a i ouoi	I I PLOS	عاصي د الما الما	ا يريه سميو	Name			. 3 * ~~~ *	. V.	
_SALOMON			Street Addre		ss (P.O. Box Number is	s Not Acceptable)			
	CUTIVE CT TR.								
WEST PA	LM BEACH FL 33401	•							
				City			FL	Zip Coc	ie
8. The above	e named entity submits this stat	omont for the purpose of all-		1-#				l '	
SIGNATURE	Signature, typed or printed name of regist		(NOTE: Registe	ered Agent signature requ	uired when reinstating)		DATE		
Afte	r May 1, 2003 Fee will be \$	550.00				on Campaign Financ		\$5.0	<b>)0</b> May Be
Afte		550.00				on Campaign Financ Fund Contribution.	ing		00 May Be d to Fees
Afte Make Checl	r May 1, 2003 Fee will be \$ k Payable to Florida Depart  OFFICE	550.00	11		Trust i			Adde	d to Fees
Afte Make Checl 10. TITLE NAME STREET ADDRESS	r May 1, 2003 Fee will be \$ k Payable to Florida Depart	DR.	elete TIT NA STI		Trust i	Fund Contribution.		Adde	of to Fees
Afte Make Checi  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	r May 1, 2003 Fee will be \$ k Payable to Florida Depart  OFFICE  D  LEVIN, SALOMON  480 EXECUTIVE CENTER	DR.	elete TilT NA STI CIT NA STE	TLE IME REET ADDRESS FY-ST-ZIP	Trust i	Fund Contribution.	RS AND D	Adde	d to Fees
Afte Make Checi 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE	r May 1, 2003 Fee will be \$ k Payable to Florida Depart  OFFICE  D  LEVIN, SALOMON  480 EXECUTIVE CENTER	DR. 3401	Title	TLE MME REET ADDRESS FY-ST-ZIP  TLE ME REET ADDRESS Y-ST-ZIP  LE	Trust i	Fund Contribution.	RS AND D	Adder	d to Fees S IN 11 Addition
Afte Make Checi 10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	r May 1, 2003 Fee will be \$ k Payable to Florida Depart  OFFICE  D  LEVIN, SALOMON  480 EXECUTIVE CENTER	DR.  De D	Delete	TLE MME REET ADDRESS FY-ST-ZIP  TLE ME REET ADDRESS Y-ST-ZIP  LE	Trust i	Fund Contribution.	RS AND D	Addec IRECTOR Change Change	d to Fees  S IN 11 Addition Addition
Afte Make Checi 10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	r May 1, 2003 Fee will be \$ k Payable to Florida Depart  OFFICE  D  LEVIN, SALOMON  480 EXECUTIVE CENTER	DR.  De D	elete TIIT NA STI CIT NA STI CIT NA STI CIT NA STI CIT NAI STI STI STI NAI STI STI NAI STI STI STI STI	TLE  IME REET ADDRESS FY-ST-ZIP  TLE ME REET ADDRESS Y-ST-ZIP  LE ME REET ADDRESS Y-ST-ZIP  LE ME REET ADDRESS LE ME REET ADDRESS	Trust i	Fund Contribution.	RS AND D	Addec IRECTOR Change Change	d to Fees  S IN 11 Addition Addition
Afte Make Checi 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	r May 1, 2003 Fee will be \$ k Payable to Florida Depart  OFFICE  D  LEVIN, SALOMON  480 EXECUTIVE CENTER	DR. 3401  De	elete TITI NA STI CIT NA STI NA STI CIT NA STI NA STI CIT NA STI NA S	TLE MME REET ADDRESS FY-ST-ZIP  LE ME REET ADDRESS Y-ST-ZIP  LE ME REET ADDRESS Y-ST-ZIP  LE ME ME REET ADDRESS Y-ST-ZIP  LE ME	Trust i	Fund Contribution.	RS AND D	Added	d to Fees S IN 11 Addition Addition
Afte Make Checi 10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	r May 1, 2003 Fee will be \$ k Payable to Florida Depart  OFFICE  D  LEVIN, SALOMON  480 EXECUTIVE CENTER	DR. 3401  De De	elete TITI NA STE CIT	TLE MME REET ADDRESS FY-ST-ZIP  TLE ME REET ADDRESS Y-ST-ZIP  LE ME REET ADDRESS Y-ST-ZIP  LE ME REET ADDRESS Y-ST-ZIP  LE ME ME REET ADDRESS Y-ST-ZIP  LE	Trust i	Fund Contribution.	RS AND D	Added IRECTOR Change Change Change	d to Fees S IN 11 Addition Addition Addition Addition

SIGNATURE:

SINARULEREOURER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-7-03 Date

Daytime Phone #