

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**  
 05-13-2002 90127 022 \*\*\*150.00

0432634 AV

**DOCUMENT # P98000082562**

1. Entity Name

LEVINE, LEVITT & MATTHEWS, M.D., P.A.

Principal Place of Business

11212 N DALE MABRY HWY  
 TAMPA FL 33618

Mailing Address

11212 N DALE MABRY HWY  
 TAMPA FL 33618

U S S E C S T A T E



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7171 N. Dale Mabry Hwy.

Suite, Apt. #, etc.

Ste. 301

City & State

Tampa, FL

Zip

33614

Country

USA

3. Mailing Address

7171 N. Dale Mabry Hwy

Suite, Apt. #, etc.

Ste. 301

City & State

Tampa, FL

Zip

33614

Country

USA

4. FEI Number

59-3537099

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVINE, JOSEPH P

11212 N DALE MABRY HWY

TAMPA FL 33618

7. Name and Address of New Registered Agent

Name

Joseph P. Levine

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

7171 N. Dale Mabry Hwy.  
 Suite 301

City

Tampa

FL

Zip Code

33614

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

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, 2002 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 PD  
 NAME LEVINE, JOSEPH P  
 STREET ADDRESS 11212 N DALE MABRY HWY  
 CITY-ST-ZIP TAMPA FL 33618 ☐ Delete

TITLE SD  
 NAME LEVITT, CLIFFORD A  
 STREET ADDRESS 11212 N DALE MABRY HWY  
 CITY-ST-ZIP TAMPA FL 33618 ☐ Delete

TITLE TD  
 NAME MATTHEWS, RICHARD A  
 STREET ADDRESS 11212 N DALE MABRY HWY  
 CITY-ST-ZIP TAMPA FL 33618 ☐ Delete

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition  
 NAME Levine, Joseph P.  
 STREET ADDRESS 7171 N. Dale Mabry Hwy., Ste. 301  
 CITY-ST-ZIP Tampa, FL 33614

TITLE SD ☒ Change ☐ Addition  
 NAME Levitt, Clifford A.  
 STREET ADDRESS 7171 N. Dale Mabry Hwy., Ste. 301  
 CITY-ST-ZIP Tampa, FL 33614

TITLE TD ☒ Change ☐ Addition  
 NAME Matthews, Richard A.  
 STREET ADDRESS 7171 N. Dale Mabry Hwy., Ste. 301  
 CITY-ST-ZIP Tampa, FL 33614

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Joseph P. Levine*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02  
 Date

813-964-7440  
 Daytime Phone #

CR2E034 (9/01)