

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000017401

1. Entity Name  
IV INFUSION CENTERS OF FLORIDA, INC.

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90962 029 \*\*\*150.00

Principal Place of Business

6450 38TH AVENUE NORTH  
#420  
ST. PETERSBURG FL 33710

Mailing Address

6450 38TH AVENUE NORTH  
#420  
ST. PETERSBURG FL 33710

2. Principal Place of Business

6798 CROSSWINDS DRIVE

Suite, Apt. #, etc.

E102

City & State

St. Petersburg

Zip

FL

Country

3. Mailing Address

6798 CROSSWINDS DRIVE

Suite, Apt. #, etc.

E102

City & State

St. Petersburg

Zip

FL

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3388890

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVENSON, JEFFREY R MD  
6450 38TH AVENUE NORTH  
#420  
ST. PETERSBURG FL 33710

Name JEFFREY R. LEVENSON, M.D.

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

6798 CROSSWINDS DRIVE

SUITE E102

City

ST. PETERSBURG

FL

Zip Code

33710

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME LEVENSON, JEFFREY R MD  
STREET ADDRESS 6450 38TH AVENUE NORTH  
CITY-ST-ZIP ST. PETERSBURG FL 33710

TITLE D ☒ Change ☐ Addition  
NAME Levenson, Jeffrey R. MD  
STREET ADDRESS 6798 CROSSWINDS DRIVE, STE E102  
CITY-ST-ZIP ST. PETERSBURG, FL 33710

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

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

TITLE ☐ Delete  
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)