

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 08, 2002 8:00 am**  
**Secretary of State**

04-08-2002 90076 036 \*\*\*150.00

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**DOCUMENT # V23704**

1. Entity Name  
**ROBERT LEVINSON, M.D., P.A.**

Principal Place of Business  
**3702 WASHINGTON ST.**  
**HOLLYWOOD FL 33021**  
**US**

Mailing Address  
**3702 WASHINGTON ST.**  
**HOLLYWOOD FL 33021**  
**US**



2. Principal Place of Business  
**5050 N. Hills Drive**  
 Suite, Apt. #, etc.

3. Mailing Address  
**5050 N. Hills Drive**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Hollywood FL**  
 Zip  
**33021**  
 Country  
**USA**

City & State  
**Hollywood FL**  
 Zip  
**33021**  
 Country  
**USA**

4. FEI Number  
**65-0350517**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LAW OFFICES OF STUART R. MORRIS P.A.**  
**2424 N FEDERAL HWY**  
**SUITE 314**  
**BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name  
**ROBERT LEVINSON**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5050 N. Hills Drive**  
 City  
**Hollywood** State  
**FL** Zip Code  
**33021**

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 **Robert Levinson**  
 Signature typed or printed name of registered agent and not applicable. (NOTE: Registered Agent signature required when reinstating)

DATE **3/27/02**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LEVINSON, ROBERT</b>	
STREET ADDRESS	<b>3702 WASHINGTON ST.</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>5050 N. Hills Drive</b>	
CITY-ST-ZIP	<b>Hollywood, FL 33021</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 **Robert Levinson**  
 Signature typed or printed name of signing officer or director

DATE **3/27/02** DAYTIME PHONE **954-963-6001**

CR2E034 (9/01)