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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

38881

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93000069404**

1. Entity Name  
**STUART L RUBINSTEIN, M.D., P.A.**

Principal Place of Business  
**8970 CENTRAL PCS BLVD  
STE 403  
BOCA RATON FL 33428  
US**

Mailing Address  
**8970 CENTRAL PCS BLVD N  
STE 403  
BOCA RATON FL 33428  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:		3. Mailing Address:		4. FEI Number <b>65-0444277</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required.			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>RUBINSTEIN, STUART L 8970 CENTRAL PCS BLVD N STE 403 BOCA RATON FL 33428</b>				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____			

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and not applicable. (NOTE: Registered Agent's signature required when re-registering)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D RUBINSTEIN, STUART L MD 8970 CENTRAL PCS BLVD N STE 403 BOCA RATON FL 33428</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>44.25 - AK 10.00 - ARTART</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>88.75 - ARSUPP</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>700007076547-5 -08/13/02--01041--020 -049.00-****143-00</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>8/18/02</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE 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)(g), 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: *Stuart L Rubinstein* **REQUIRED** 4/26/02 561-479-2600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR20034 (9/01)