


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90041 010 \*\*\*150.00

DOCUMENT # P93000069404  
1. Entity Name  
STUART L. RUBINSTEIN, M.D., P.A.



Principal Place of Business Mailing Address 6014 NW 30TH WAY  
~~9970 CENTRAL PCS BLVD~~ ~~9970 CENTRAL PCS BLVD N~~  
~~STE 403~~ ~~STE 403~~  
6014 NW 30TH WAY  
~~BOCA RATON, FL 33428 US~~ ~~BOCA RATON, FL 33428 US~~  
BOCA RATON, FL 33496 BOCA RATON, FL 33496

40004891



01072005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0444277 Applied For  
Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
RUBINSTEIN, STUART L GREGORY L. DENES  
~~9970 CENTRAL PCS BLVD N~~ 14355 US HIGHWAY ONE  
~~STE 403~~ STE 243  
~~BOCA RATON, FL 33428~~ JUNO BEACH, FL 33408

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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. I am familiar with, and accept the obligations of registered agent.  
SIGNATURE: [Signature] DATE: 1-10-05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RUBINSTEIN, STUART L MD
STREET ADDRESS	<u>6014 NW 30TH WAY</u>
CITY-ST-ZIP	<u>BOCA RATON, FL 33496</u>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.  
SIGNATURE: [Signature] DATE: 1/19/05 (501) 414-0706  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone