## 2005 FOR PROFIT CORPORATION

## **FILED** Apr 18, 2005 08:00 AM

ANNUAL REPURI				Secretary of State			
1. Entity Name	MENT # 675203 UBBENA, M.D., P.A.				,	, 32 ~	
Principal Place 1038 EAST 0 STUART, FL 3	CEAN BOULEVARD	Mailing Address 1038 EAST OCEAN BOULEVARD STUART, FL 34996-2578	) )	 	d libii bylde hili bibii bib	TAT BURNING BANKAN SING BURNING	
D	O NOT WRITE	CE		Chg-P CR	2E034 (10/03)  Applied For Not Applicable \$8.75 Additional Fee Required		
	6. Name and Address of Current Re	gistered Agent		<u> </u>			
LEAHY, THOMAS J 33 FLAGLER AVENUE STUART, FL 34994			DO NOT WRITE IN THIS SPACE				
SIGNATURE	ions of registered agent.  Signature, typod or printed name of registered agent and  E NOW!!! FEE IS \$150.00  ay 1, 2005 Fee will be \$550.00	9. Election Campaign Finar		d when reinstating)  5.00 May Be ded to Fees	0.	ATE	
10.	OFFICERS AND DI	RECTORS	Ţ.				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WUBBENA, JON F. M.D. 1038 E. OCEAN BLVD. STUART, FL			<b>U4</b> 7	.d000003111 18705-8003	724 54-018 150.00	
TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME			DO NOT WRITE IN THIS SPACE				
STREEY ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			<b>-</b>				

12. I hereby certify that the information supplied with this filling 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.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: Jon F. Wuhbeng, MD, Agricent 4/15/05