

DOCUMENT # 685996

1. Entity Name  
PETER ALAN TUBY M.D., P.A.

Principal Place of Business      Mailing Address  
5258 LINTON BLVD., #201      5258 LINTON BLVD., #201  
DELRAY BEACH FL 33484      DELRAY BEACH FL 33484

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State  
Zip      Country      Zip      Country

6. Name and Address of Current Registered Agent  
TUBY, PETER A. M.D.  
5258 LINTON BLVD.  
201  
DELRAY BEACH FL 33484

7. Name and Address of New Registered Agent  
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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete DPS TUBY, PETER ALAN, M.D. 5258 LINTON BLVD., #201 DELRAY BEACH FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete T TUBY, PETER ALAN, M.D. 5258 LINTON BLVD., #201 DELRAY BEACH FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Peter Tubby      Peter Tubby M.D.      11/7/01      561-496-0303  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

**FILED**  
**Jan 16, 2001 8:00 am**  
**Secretary of State**  
01-16-2001 90042 026 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)