


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # A93000000374 1. Entity Name THE DALE B. DUBIN, M.D. FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 1385 SAUTERN DRIVE FT MYERS, FL			Mailing Address 5318 LINDNER PLACE NEW PORT RICHEY, FL 34652		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0402387	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DUBIN, DALE B MD 1385 SAUTERN DRIVE FT MYERS, FL 33919				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$807.00		10. Amount of Capital Contributions in FLORIDA to date.			
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	DUBIN, DALE B MD		CITY-ST-ZIP		
STREET ADDRESS	1385 SAUTERN DRIVE		CITY-ST-ZIP		
CITY-ST-ZIP	FT MYERS, FL 33919		CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	DUBIN, KATHLEEN A		CITY-ST-ZIP		
STREET ADDRESS	1385 SAUTERN DRIVE		CITY-ST-ZIP		
CITY-ST-ZIP	FT MYERS, FL 33919		CITY-ST-ZIP		
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STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			CITY-ST-ZIP		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: <i>Dale B. Dubin</i>			4/24/05 239-482-4814 Date Daytime Phone #		
DALE B. DUBIN, MD <small>SIGNATURE AND TYPED NAME OF SIGNING GENERAL PARTNER</small>					

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