

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Apr 30, 2007 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**



04222007 No Chg-LP

CR2E003 (12/06)

4. FEI Number  
**65-0402387**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**DUBIN, DALE B MD  
1385 SAUTERN DRIVE  
FT MYERS, FL 33919**

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

DATE

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2007, Fee will be \$900.00**

**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**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**DUBIN, DALE B MD  
1385 SAUTERN DRIVE  
FT MYERS, FL 33919**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**DUBIN, KATHLEEN A  
1385 SAUTERN DRIVE  
FT MYERS, FL 33919**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**DO NOT WRITE  
IN THIS SPACE**

U00000746851  
05/17/07-80002-018 500.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**DALE B. DUBIN, M.D.**

**26 APR 2007 (239)482-4814**

STAPLE CHECK HERE