## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

DOC	JMEN.	Τ# (	<b>G</b> 57	022

1. Corporation Name

RICHARD L. RUBIN, M.D., P.A.

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90254 032 \*\*\*150.00



Principal Place	e of Business	Mailin	g Address				1 100 ())( 0.00) 6 ((1.00) 0.00) (0.00)	iliki kiki ai	914 <b>8</b> 18(1 <b>919</b> 14	Mintl minit immi	
8525 SW 92 ST	r. Suite 88	8525	SW 92 ST. SUITE B8	1							
MIAMI FL 33156	6	MAM	MIAMI FL 33156			DO NOT WRITE IN THIS SPACE					
	•						3. Date Incorporated or Qualifed				
							08/26/1983				
2. Principal Pl	lace of Business	2a. M	ailing Address				4. FEI Number		A	pplied For	
21		26					59-2313961		No	ot Applicable	
Suite, Apt.	#, etc.	<del></del>	uite, Apt. #, etc.				E. Codificate of Status Desired			Additional	
22		27					Certificate of Status Desired		Fee R	equired	
City-& State		c	ty & State				6. Election Campaign Financing	<u> </u>		May Be	
23		28					Trust Fund Contribution			to Fees	
Zip	Country	Zi	p	_	intry		8. This corporation owes the current			MNo	
24	25	29		30	1		Personal Property Tax.  10. Name and Address of New Re		☐ Yes	JZHVO	
	9. Name and Address of Curren	t Register	ed Agent		81	Name	To. Name and Address of New Ke	AIPERI ECI Y	gent		
RUB	IN, RICHARD L						·				
	SW 92 ST SUITE B8				82	Street Addr	ess (P.O. Box Number is Not Acceptable	e)		}	
MIAN	MI FL 33156				83		,	<del></del>			
							·		r 1		
					84	·City		FL	1 1	Code	
11. Pursuant t	to the provisions of Sections 607.050	2 and 607:	1508: Florida Statut	es; the a	pove	-named corp	oration submits this statement for the puon's board of directors. I hereby accept	irpose of o	hanging its	s registered	æ
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. ions of, Se	Such change was a ection 607.0505, Flo	uthorized rida Stat	i by utes.	the corporation	on's board of directors. I hereby accept	ne appoin	ument as re	igistered .	
SIGNATURE	,,,	,								ļ	
SIGNATURE	Signature, typed or printed name of registered ager	t and title if ap	plicable. (NOTE	: Registered	l Agen	nt signature required		DATE			œ
12.	OFFICERS AN	D DIRECT		13.			ADDITIONS/CHANGES TO OFFI	CERS ANI	_		(11/98)
TITLE	DP		☐ DELETE	1,1 TI	TLE				Change	☐ Addition	7
NAME	RUBIN, RICHARD L			1.2 N	AME						5
STREET ADDRESS	8525 SW 92 STR STE B8			1.3 S	TREET	ADDRESS				]	CR2F034
CITY-ST-ZIP	MIAMI, FL 00000		□ pc crr		TY-ST	T-ZIP	· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition	. K
TITLE			☐ DELETE	2.1 TI			·		□ onango		
NAME	•			2.2 N						}	
STREET ADDRESS				1		FADDRESS					l
CITY-ST-ZIP	·		□ DELETE -	2.4 C		T-ZIP			Change	Addition	<u> </u>
TITLE				3.2 N							
NAME CTDCCT ADDDCCC						ADDRESS					
STREET ADDRESS					ITY-S	i	_				
CITY-ST-ZIP			☐ DELETE	4.1 TI		1-21	-		Change	Addition	l
NAME			<del>_</del>	4.21							ı
STREET ADDRESS						T ADDRESS					ı
CITY-ST-ZIP				- 1	ITY-SI		,			Ī	
TITLÉ			☐ DELETE	5.1 TI		·			Change	Addition	
NAME				5.2 N							ŀ
STREET ADDRESS				5.3 S	TREET	ADORESS					
CITY-ST-ZIP	•			5.4 C	TY-SI	T-ZIP	·				
TITLE			☐ DELETE	6.1 Ti	TLE				Change	Addition	l
NAME			*	6.2 N	AME						l
STREET ADDRESS				6.3 S	TREET	T ADDRESS					ļ
' [				0.40	m/ c	T 710				1	i

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20/49 305 598 -3358
Date Daytime Phone #