

0268114 AV

# **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # G57022**

1. Entity Name  
**RICHARD L. RUBIN, M.D., P.A.**



FILED

04 MAR 29 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**8525 SW 92 ST. SUITE B8  
MIAMI FL 33156**

Mailing Address  
**8525 SW 92 ST. SUITE B8  
MIAMI FL 33156**

2. Principal Place of Business  
**237 789 PINE ST**  
Suite, Apt. #, etc.

3. Mailing Address  
**237 PARK RD**  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**BURLINGTON, VT**  
Zip  
**05401**  
Country  
**USA**

City & State  
**S. BURLINGTON, VT**  
Zip  
**05403**  
Country  
**USA**

4. FEI Number  
**59-2313961**  
Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**RUBIN, RICHARD L**  
~~**8525 SW 92 ST SUITE B8**~~ **237 PARK RD**  
~~**MIAMI FL 33156**~~ **S. BURLINGTON, VT**  
**05403**

7. Name and Address of New Registered Agent  
Name **MONTE KANE CPA**  
Street Address (P.O. Box Number is not acceptable) **KANE & CO. P.A.**  
**1101 BRICKELL AVE, SUITE M-101**  
City **MIAMI** FL Zip Code **33131**

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.  
**MONTE KANE, CPA**  
SIGNATURE **RICHARD L. RUBIN MD** *[Signature]* **MARCH 20, 2004**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RUBIN, RICHARD L <del>8525 SW 92 STR STE B8</del> <b>237 PARK RD</b> <del>MIAMI FL 33156</del> <b>S. BURLINGTON, VT.</b> <b>05403</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>700029871657</b> <b>03/04/04--01021--022 **\$50.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>700029871657</b> <b>03/04/04--01021--023 **\$50.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **RICHARD L. RUBIN, MD** *[Signature]* **MARCH 20, 2004** **(802) 734-8463**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)