

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # G57022	
1. Entity Name RICHARD L. RUBIN, M.D., P.A.	



Principal Place of Business 789 PINE ST BURLINGTON, VT 05401	Mailing Address 237 PARK RD S.BURLINGTON, VT 05403
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2. Principal Place of Business 520 Brickell Key Dr. Suite, Apt. #, etc. #0-305	3. Mailing Address 520 Brickell Key Dr. Suite, Apt. #, etc. #0-305
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City & State Miami, FL 33131	City & State Miami FL
Zip 33131	Zip 33131
Country USA	Country USA

FILED
04 DEC 29 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
12-10-04 01044 003 7000

12162004	Chg-P	CR2E034 (10/03)
4. FEI Number 59-2313961	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MONTE, KANE CPA 1101 BRICKELL AVE, SUITE M-101 MIAMI, FL 33131

7. Name and Address of New Registered Agent Transglobal Corp. Administration LLC 520 Brickell Key Dr. #0-305 City Miami FL Zip 33131
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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: Nicholas Stanham DATE: 12/15/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RUBIN, RICHARD L 237 PARK RD S.BURLINGTON, VT 05403 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Freeman, Stephen A. 520 Brickell Key Drive #0-305 Miami, FL 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Stephen A. Freeman DATE: 12/15/04 (305) 374 3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #