
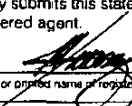
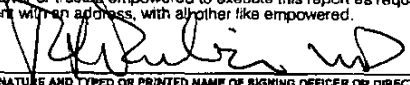


**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90056 008 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|   |   |  |  |  |  |
|---|---|--|--|--|--|
| <b>DOCUMENT # G57022</b>  |   |  |  |         |  |
| 1. Entity Name<br>RICHARD L. RUBIN, M.D., P.A.  |   |  |  |  |  |
| Principal Place of Business<br>520 BRICKELL KEY DR<br>#0-305<br>MIAMI, FL 33131   |   |  | Mailing Address<br>520 BRICKELL KEY DR<br>#0-305<br>MIAMI, FL 33131  |  |  |
| 2. Principal Place of Business - No P.O. Box #  |   |  | 3. Mailing Address   |  |  |
| Suite, Apt. #, etc.   |   |  | Suite, Apt. #, etc.  |  |  |
| City & State  |   |  | City & State   |  |  |
| Zip   | Country   | Zip  | Country  | 4. FEI Number<br>59-2313961  |  |
|   |   |  |  | Applied For<br>Not Applicable  |  |
|   |   |  |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent   |   |  | 7. Name and Address of New Registered Agent  |  |  |
| TRANSGLOBAL CORP. ADMINISTRATION LLC<br>520 BRICKELL KEY DR<br>#0-305<br>MIAMI, FL 33131  |   |  | Name<br>Transglobal Corporate Administration, LLC<br>Street Address (P.O. Box Number is Not Acceptable)<br>520 Brickell Key Drive<br>Suite 0-305<br>City<br>Miami, FL<br>Zip Code<br>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.   |   |  |  |  |  |
| SIGNATURE <br>Signature, typed or printed name of registered agent and title if applicable   |   |  | JOSE ALVAREZ<br>(NOTE: Registered Agent signature required when reconstituting)<br>01-26-07<br>DATE  |  |  |
| <b>FILE NOW!!! - FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>   |   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees  |  |  |
| 10. OFFICERS AND DIRECTORS  |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DP<br>RUBIN, RICHARD L<br>237 PARK RD<br>S. BURLINGTON, VT 05403<br><input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | AS<br>FREEMAN, STEPHEN A<br>520 BRICKELL KEY DRIVE, 0-305<br>MIAMI, FL 33131<br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemptions contained in Chapter 119, 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 files empowered. |   |  |  |  |  |
| SIGNATURE: <br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR<br>RICHARD L. RUBIN MD<br>Date: Jan 23, 2007<br>Daytime Phone #: 802 734-8463  |   |  |  |  |  |