## FILED Jan 30, 2001 8:00 am Secretary of State 01-30-2001 90003 043 \*\*\*150.00

## **2001 UNIFORM BUSINESS REPORT (UBR)**

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DOCUMENT # H0452 1. Entity Name LEONARD A. RUBINSTEIN, M.D.	•	
Principal Place of Business	Mailing Address	
1805 SIESTA DRIVE SARASOTA FL 34239 US	1805 SIESTA DRIVE SARASOTA FL 34239 US	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

		Maining Address						
1805 SIESTA DRIVE Sarasota Fl 34239 US		1805 SIESTA DRIVE SARASOTA FL 34239 US				. =	-	
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2. Principal P	Place of Business	3. Mailing Address	residence and the second secon					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State City & State		City & State	4.		FEI Number <b>59-2406823</b>		Applied For Not Applicabl	
Zip	Country	Zíp	Country	5. Certificate o	f-Status Desired [	⊒ <b>\$8</b> Fe		
	6. Name and Address of Current	Registered Agent		7. Name and A	Address of New Regis	tered Age	ent	
			Name					
RUBINSTEIN, LEONARD A. 1805 SIESTA DRIVE SARASOTA FL 34239			Street Address		s (P.O. Box Number is Not Acceptable)			
		LIGHT THE THE THE STATE OF	City			FL	Zip Cod	de
	named entity submits this statement for							
SIGNATURE ,	Signature, typed or printed name of registered agent		E: Registered Agent signature requ	uired when reinstating)		DATE		
		and title if applicable. (NOTE	z. Hogotorod / igoni orginaloro rodi	· · · · · · · · · · · · · · · · · · ·				
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!	!!! FEE IS \$150.00 101 Fee will be \$550.0 ble to Department of S	0 10. Elec	tion Campalgn Financi t Fund Contribution.	ng		<b>)0</b> May Be d to Fees
Tax filing	requirement and elects to do so. ria on back)  OFFICERS AND	FILE NOW! After MAY 1, 20 Make Check Payak	!!! FEE IS \$150.00 101 Fee will be \$550.0	10. Electors	, •		Ádde	d to Fees
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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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE**