FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L84249 (6)

1. Corporation Name

JEFFREY H. LUBIN, M.D., P.A.

Principal Place of Business

4594 LOTUS WAY
BOYNTON BEACH FL 33436

Mailing Address

301 BLUEBERRY HILL RD
SHAVERTOWN PA 18708
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/29/1990

3a. Date of Last Report: 05/01/1994

4. FEI Number: 65-0211986 — ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under [illegible] Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business: 21 / Suite, Apt. #, etc.: 22 / City & State: 23 / Zip: 24 / Country: 25

2a. Mailing Address: 26 / Suite, Apt. #, etc.: 27 / City & State: 28 / Zip: 29 / Country: 30

9. Name and Address of Current Registered Agent

COHEN, STEVEN E., ESQ.
800 NW 62ND ST
SUITE 200
FT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections [illegible] and [illegible], Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section [illegible], Florida Statutes.

SIGNATURE [illegible] DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPV	1 TITLE	☒ Change ☐ Addition
NAME	LUBIN, JEFFREY H.	1 NAME	
STREET ADDRESS	4594 LOTUS WAY	1 STREET ADDRESS	301 Blueberry Hill Road
CITY-ST-ZIP	BOYNTON BEACH FL	1 CITY-ST-ZIP	Shavertown PA 18708
TITLE	S	2 TITLE	☒ Change ☐ Addition
NAME	LUBIN, JEFFREY H.	2 NAME	
STREET ADDRESS	4594 LOTUS WAY	2 STREET ADDRESS	301 Blueberry Hill Road
CITY-ST-ZIP	BOYNTON BEACH FL	2 CITY-ST-ZIP	Shavertown PA 18708
TITLE		3 TITLE	☐ Change ☐ Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Jeffrey H. [illegible] 4/30/95 717 696 4683

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0405379 FN