

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified
06/29/1990

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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 s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

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

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature of board or principal officer of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DPV

☐ DELETE

1.1 TITLE

☐ Change

☐ Addition

NAME

LUBIN, JEFFREY H.

1.2 NAME

STREET ADDRESS

**301 BLUEBERRY HILL ROAD
SHAVERTOWN PA**

1.3 STREET ADDRESS

CITY-STATE-ZIP

S

1.4 CITY-STATE-ZIP

TITLE

S

☐ DELETE

2.1 TITLE

☐ Change

☐ Addition

NAME

LUBIN, JEFFREY H.

2.2 NAME

STREET ADDRESS

**301 BLUEBERRY HILL ROAD
SHAVERTOWN PA**

2.3 STREET ADDRESS

CITY-STATE-ZIP

S

2.4 CITY-STATE-ZIP

TITLE

S

☐ DELETE

3.1 TITLE

☐ Change

☐ Addition

NAME

LUBIN, JEFFREY H.

3.2 NAME

STREET ADDRESS

**301 BLUEBERRY HILL ROAD
SHAVERTOWN PA**

3.3 STREET ADDRESS

CITY-STATE-ZIP

S

3.4 CITY-STATE-ZIP

TITLE

S

☐ DELETE

4.1 TITLE

☐ Change

☐ Addition

NAME

LUBIN, JEFFREY H.

4.2 NAME

STREET ADDRESS

**301 BLUEBERRY HILL ROAD
SHAVERTOWN PA**

4.3 STREET ADDRESS

CITY-STATE-ZIP

S

4.4 CITY-STATE-ZIP

TITLE

S

☐ DELETE

5.1 TITLE

☐ Change

☐ Addition

NAME

LUBIN, JEFFREY H.

5.2 NAME

STREET ADDRESS

**301 BLUEBERRY HILL ROAD
SHAVERTOWN PA**

5.3 STREET ADDRESS

CITY-STATE-ZIP

S

5.4 CITY-STATE-ZIP

TITLE

S

☐ DELETE

6.1 TITLE

☐ Change

☐ Addition

NAME

LUBIN, JEFFREY H.

6.2 NAME

STREET ADDRESS

**301 BLUEBERRY HILL ROAD
SHAVERTOWN PA**

6.3 STREET ADDRESS

CITY-STATE-ZIP

S

6.4 CITY-STATE-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)(k), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/96

717 696 4683

Date

Daytime Phone #

CR2E034 (12/95)