## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

information indicated on this annual report or supplement Lam an efficer or greeter of the corporation or the receivappears in Block 12 or Block 13 if changed, or on an alar

SIGNATURE:

DOCUMENT # L84249 JEFFREY H. LUBIN, M.D., P.A.

(6)

## **FILED** Mar 26 1997 8:00am Secretary of State

	<b>                                      </b>	. <b>131</b> 010 10101 10101 10101 10101
	<b>84818                                  </b>	<b>     </b>

Principal Place of Business 4594 LOTUS WAY BOYNTON BEACH FL 33436		Mailing Address  301 BLUEBERRY HILL RD SHAVERTOWN PA 18708-9514 US							
						3. Date Incorporated or Qualified 06/29/1990	d 3a. Date of Last Report 03/15/1996		
2. Principal P	hace of Business	2a. Mailing Address 26				4. FEI Number 65-0211986	1, 4	Ar	oplied For of Applicable
Suite, Apt	#, etc.	Suite, Apt #, etc.		!		5. Certificate of Status Desired		<b>—</b> — · · · · · ·	Additional equired
City & Stat	30	City & State				Election Campaign Financing     Trust Fund Contribution			May Be to Fees
Ζφ <b>24</b>	Country <b>25</b>	Zip <b>29</b>	30	intry		- <b>J</b>	Yes 🕻	No	. 199.032,
	9, Name and Address of Curren	it Registered Agent		221 11		10. Name and Address of New Re	gistered	Agent	
800 SUIT	hen, steven e., esq. NW 62ND St Te 200 Lauderdale Fl 33309		ļ		ame reet Addre	ess (P.O. Box Number is Not Acceptal	ole)		
• • • • • • • • • • • • • • • • • • • •	PAGELIDATE LE COORD			<b>84</b> Ci	ty		FL	<b>85</b> Zip	Code
SIGNATURI	an familiar with and accept the oblig 56, 365, appearage to continuous and ag OFFICERS AN	od and title Capposable (NC		ed Agent sig	nature require	nd when reinstating)  ADDITIONS/CHANGES TO OFFI	DATE CERS AND	DIRECTOR	RS IN 12
MLF	DPV	☐ DELETE		TITLE				Change	Addition
NAME	LUBIN, JEFFREY H.		1.21	NAME	ľ				
SPREED ADDRESS	301 BLUEBERRY HILL ROAD		1.33	STREET ADDE	RESS				
DITY_S1-7#	SHAVERTOWN PA		1.4 (	CITY - ST - ZIP	<u> </u>				
101,6	\$	[_] DELETE		TITLE	- 1			L. Change	Addition
NAME	LUBIN, JEFFREY H.			NAME					
SIREET ADDRESS	301 BLUEBERRY HILL ROAD			STREET ADDI	l				
CHTY - ST - 761	SHAVERTOWN PA	DELETE		CITY-ST-21 TITLE	P			Change	Addition
NAM.		hand wheel he		NAME					
STREET ADDRESS				STREET ADOI	RESS				
Offy St-20			3.4	CITY-ST-ZI	Р				
THEE		DELETE	4.1	TITLE				☐ Change	Addition
NAV:			4.2	NAME					
STREET ADDRESS.			4.3	STREET ADDI	RESS				
CHY - S1 - 71P				CITY-ST-ZIF	·			<u> </u>	T 3 4 4 4 7 1
THE		☐ DELETE		TITLE				Change	Addition
NAV:				NAME					
STREET ADDITIONS				STREET ADD					
COTY ST-7IP		l proste		CITY-ST-ZIF	·			Change	Addition
100		☐ DELETE	1	TILE				Change	☐ AUUIIION
NAM!		/	/	MAME					
STREET ADDRESS				STREET ADDI City-St-74	ļ				
IC DV CT 700	1	,		LITY - ST - 74	- 1				

14. To hereby certify that the information supplied with this file gives 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 suppliemental annual poor is true and accurate and that my signature shall have the same legal effect as if made under oath; that have an efficiency direction of the corporation or this receipt or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name