


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 27, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000094885</b> 1. Entity Name <b>TOBE L. RUBIN, M.D., P.A.</b>					
Principal Place of Business <b>1307 LYONS ROAD COCONUT CREEK FL 33063 US</b>			Mailing Address <b>1307 LYONS ROAD COCONUT CREEK FL 33063 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>42-1543876</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>RUBIN, TOBE 1307 LYONS ROAD COCONUT CREEK FL 33063</b>			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City <b>FL</b> Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	<b>RUBIN, TOBE L</b>		NAME	<b>U00000014198</b> <b>01/27/04-80014-006 150.00</b>	
STREET ADDRESS	<b>1307 LYONS RD.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>COCONUT CREEK FL 33063</b>		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	<b>RUBIN, TOBE L</b>		NAME		
STREET ADDRESS	<b>1307 LYONS RD.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>COCONUT CREEK FL 33063</b>		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	<b>RUBIN, TOBE L</b>		NAME		
STREET ADDRESS	<b>1307 LYONS RD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>COCONUT CREEK FL 33063</b>		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	<b>RUBIN, TOBE L</b>		NAME		
STREET ADDRESS	<b>1307 LYONS RD.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>COCONUT CREEK FL 33063</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	<b>RUBIN, TOBE L</b>		NAME		
STREET ADDRESS	<b>1307 LYONS RD.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>COCONUT CREEK FL 33063</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u><i>Tobe L. Rubin</i></u> <b>TOBE L. RUBIN</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>1/24/04</b> <b>954-919-3222</b> <small>Date Daytime Phone #</small>		