

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90043 006 ***150.00

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1. Entity Name
RUBINS ORTHOPEDICS & JOINT REPLACEMENT, P.A.



Principal Place of Business
1001 37TH STREET NORTH
SUITE C
ST. PETERSBURG, FL 33713

Mailing Address
1001 37TH STREET N
SUITE C
ST. PETERSBURG, FL 33713

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01232008

Chg-P

CR2E034 (12/06)

4. FEI Number

20-5731114

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~DRUMMOND, TEMPLE H. ESQ.~~
~~328 W. BEARSS AVE.~~
~~C/O DRUMMOND, WEHLE & ROSS LLP~~
~~TAMPA, FL 33613~~

Name Temple H. Drummond, Esq.
Street Address Drummond Wehle & Ross LLP
6987 East Fowler Avenue
City Tampa FL 33617

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

Temple H. Drummond

Temple H. Drummond, Esq.

3/14/2008

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS RUBINS, DAVID A.
CITY-STATE-ZIP 10012 YACHT CLUB DR. SOUTH
TREASURE ISLAND, FL 33706

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 if changed, or on an attachment with an address, with all other like information.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David A. Rubins, President

3/14/2008