

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90041 010 ***150.00

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1. Entity Name
STUART L. RUBINSTEIN, M.D., P.A.



Principal Place of Business

~~9970 CENTRAL PCS BLVD
STE 403~~

~~BOCA RATON, FL 33428 US~~

Mailing Address

6014 NW 30TH WAY

~~9970 CENTRAL PCS BLVD N
STE 403~~

~~BOCA RATON, FL 33428 US~~

40004891



01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0444277

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RUBINSTEIN, STUART L. GREGORY L. DENES
~~9970 CENTRAL PCS BLVD N~~ 14355 US HIGHWAY ONE
~~STE 403~~ STE 243
~~BOCA RATON, FL 33428~~ JUNO BEACH, FL 33408

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-10-05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME RUBINSTEIN, STUART L MD
STREET ADDRESS ~~9970 CENTRAL PCS BLVD N STE 403~~ 6014 NW 30TH WAY
CITY-ST-ZIP 33496
BOCA RATON, FL ~~33428~~

TITLE
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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/05 (801) 414-0706
Date Daytime Phone