


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90086 036 \*\*\*150.00

<b>DOCUMENT # P95000024895</b>	
1. Entity Name <b>PAUL J. RUBENSTEIN, D.M.D., P.A.</b>	

Principal Place of Business <b>4655 KEYSVILLE AVENUE SPRING HILL FL 34608</b>	Mailing Address <b>4655 KEYSVILLE AVENUE SPRING HILL FL 34608</b>
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2. Principal Place of Business <b>4645 KEYSVILLE AVE</b>	3. Mailing Address <b>4645 KEYSVILLE AVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>SPRING HILL FLA</b>	City & State <b>SPRING HILL FLA</b>
Zip <b>34608</b>	Country <b>U.S.A.</b>



1st MOORE CR2E034 (10/04)

4. FEI Number <b>59-3304682</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>RUBENSTEIN, PAUL 4655 KEYSVILLE AVE SPRING HILL FL 34608</b>		
7. Name and Address of New Registered Agent Name <b>RUBENSTEIN PAUL</b> Street Address (P.O. Box Number is Not Acceptable) <b>4645 KEYSVILLE AVE</b> City <b>SPRING HILL</b> FL Zip Code <b>34608</b>		

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 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 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RUBENSTEIN, PAUL J D.M.D. 4655 KEYSVILLE AVENUE SPRING HILL FL 34608</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Paul Rubenstein Dmd PAUL RUBENSTEIN DMD. 2-16-05 352 683-0297  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #