

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000026808 (2)

1. Corporation Name

BARBARA J. RUBIN, PSY.D., P.A.



Principal Place of Business

Mailing Address

480 HICKORY NUT AVENUE
OLDSMAR FL 34677

480 HICKORY NUT AVENUE
OLDSMAR FL 34677

3. Date Incorporated or Qualified

03/31/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

57-3248210

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes

Yes No

24

25

29

30

9. Name and Address of Current Registered Agent

WOLFE, RANDOLPH J
201 N. FRANKLIN STREE
SUITE 2100
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature type for principal use of registered agent and the if applicable

(Initials: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE

NAME RUBIN, BARBARA J PSY.D.
STREET ADDRESS 480 HICKORY NUT AVENUE
CITY - ST - ZIP OLDSMAR FL 34677

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

Change Addition

TITLE DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

Change Addition

TITLE DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

Change Addition

TITLE DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

Change Addition

TITLE DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

Change Addition

TITLE DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

813-784-8144

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