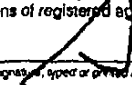
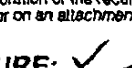


FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000005746			
1. Entity Name STUART A. RUBIN, MD, P.A.			
Principal Place of Business 3717 W BOYNTON BEACH BLVD SUITE 5 BOYNTON BEACH, FL 33436		Mailing Address 3717 W BOYNTON BEACH BLVD SUITE 5 BOYNTON BEACH, FL 33436	
DO NOT WRITE IN THIS SPACE			
		03292006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0635975	
		Applied For ☐ Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUBIN, STUART A 3717 W BOYNTON BEACH BLVD SUITE 5 BOYNTON BEACH, FL 33436		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 		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		500074083915 05/05/06--01054--001 **150.00	
TITLE NAME STREET ADDRESS CITY- ST- ZIP P RUBIN, STUART A 7528 CHESTER TERRACE BOCA RATON, FL		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
TITLE NAME STREET ADDRESS CITY- ST- 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 empowered.		12M 4/03/06	
SIGNATURE:  3/29/06		561 338 2000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	