2008 FOR PROFIT CORPORATION

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 07, 2008 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P96000005746** 03-07-2008 90030 030 ***150.00 1. Entity Name STUART A. RUBIN, MD, P.A. 40040343 Principal Place of Business Mailing Address 3717 W BOYNTON BEACH BLVD 3717 W BOYNTON BEACH BLVD SUITE 5 SUITE 5 **BOYNTON BEACH, FL 33436 BOYNTON BEACH, FL 33436** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 10151 ENTERPRISE BLVD 7528 CHESTER TERRACE Suite, Apt. #, etc. Suite, Apt. #, etc. 02052008 Cha-P CR2E034 (12/06) SUITE 107 City & State BOCA RATON, City & State 4. FEI Number Applied For FLORIDA BOYNTON BEALH, FLORIDA 65-0635975 Not Applicable Country Country \$8.75 Additlonal 5. Certificate of Status Desired 33437-3760 USA 33433 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RUBIN. STUARTA RUBIN, STUART A Street Address (P.O. Box Number is Not Acceptable) 10151 ENTERPRISE BLYD 3717 W BOYNTON BEACH BLVD SUITE 5 **BOYNTON BEACH, FL 33436** SUITE 107 City BOYNTON BEACH Zip Code 3 3 4 3 7 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. -2/8/08 TURKT KUBIN SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change ■ Addition NAME RUBIN, STUART A NAME STREET ADDRESS **7528 CHESTER TERRACE** STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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 profignature 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 it changed, or on an attachment with an address, with all other life empowered.

FILED

7.38-2000

Daytime Phone #