

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/6/00-90024-041-\$150.00-\$150.00

DOCUMENT # P99000077935

1. Entity Name

JOHN F. RUBIN, M.D., P.A.

FILED

00 MAR 27 PM 1:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1199 PARKSIDE CIRCLE NORTH  
BOCA RATON FL 33486

Mailing Address

1198 PARKSIDE CIRCLE NORTH  
BOCA RATON FL 33434-5339

2. Principal Place of Business

1001 N.W. 13th St.  
Suite 105  
Boca Raton, FL

3. Mailing Address

1001 N.W. 13th St.  
Suite 105  
Boca Raton, FL

City & State

Boca Raton, FL  
Zip 33486 Country USA

City & State

Boca Raton, FL  
Zip 33486 Country USA

4. FEI Number

05-0944815

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RUBIN, JOHN F MD  
1198 PARKSIDE CIRCLE NORTH  
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name John F. Rubin MD  
Street Address (P.O. Box Number is Not Acceptable)  
1001 N.W. 13th St.  
Suite 105  
City Boca Raton FL Zip Code 33486

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

John F. Rubin MD / John F. Rubin MD 1/7/00

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	RUBIN, JOHN F MD	
STREET ADDRESS	1198 PARKSIDE CIRCLE NORTH	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1001 N.W. 13th St.	
STREET ADDRESS	Suite 105	
CITY-ST-ZIP	Boca Raton FL 33486	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 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

John F. Rubin MD

Date

Daytime Phone #

1/7/00 561-391-7575

SP

CR2E034 (9/99)