

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

Mailing Address

1199 PARKSIDE CIRCLE NORTH
BOCA RATON FL 33486

1199 PARKSIDE CIRCLE NORTH
BOCA RATON FL 33434-5339

2. Principal Place of Business

3. Mailing Address

1001 N.W. 13th St.

1001 N.W. 13th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 105

Suite 105

City & State

City & State

Boca Raton, FL

Boca Raton, FL

4. FEI Number

05-0944815

Applied For

Not Applicable

Zip

Country

33486

USA

Zip

Country

33486

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUBIN, JOHN F MD
1199 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: John F. Rubin MD / John F. Rubin MD DATE: 1/7/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	RUBIN, JOHN F MD	
STREET ADDRESS	1199 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		

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
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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: John F. Rubin MD DATE: 1/7/00 DAYTIME PHONE #: 561-391-1575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)

SP