

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90053 023 ***150.00

DOCUMENT # P99000077935

1. Entity Name
JOHN F. RUBIN, M.D., P.A.



Principal Place of Business
**1001 N.W. 13TH STREET.. SUITE 105
BOCA RATON FL 33486**

Mailing Address
**1001 N.W. 13TH STREET.. SUITE 105
BOCA RATON FL 33486**

2. Principal Place of Business
660 Glades Road

Suite, Apt. #, etc.
Suite 110

City & State
Boca Raton, FL

Zip
33431

Country
USA

3. Mailing Address
660 Glades Road

Suite, Apt. #, etc.
Suite 110

City & State
Boca Raton, FL

Zip
33431

Country
USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0944815**

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
1001 N.W. 13TH STREET., SUITE 105
BOCA RATON FL 33486**

7. Name and Address of New Registered Agent

Name **same**
Street Address (P.O. Box Number is Not Acceptable)
660 Glades Road, Ste 110
City **Boca Raton** FL Zip Code **33431**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE **1/19/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **RUBIN, JOHN F MD**
STREET ADDRESS **1001 N.W. 13TH STREET., SUITE 105**
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **Rubin, John F MD**
STREET ADDRESS **660 Glades Road, Ste 110**
CITY-ST-ZIP **Boca Raton, FL 33431**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 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

Date

Daytime Phone #

1/19/03 561-391-7575

CR2E034 (10/02)