

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S05892

FILED
Jan 27, 2004
Secretary of State

Entity Name: JAY J. RUBIN, M.D., P.A.

Current Principal Place of Business:

1635 SW FIRST AVE
OCALA, FL 34474 US

New Principal Place of Business:

Current Mailing Address:

% JAY J. RUBIN MD
6690 SW 18 TERR RD
OCALA, FL 34476 US

New Mailing Address:

FEI Number: 59-3029454

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUBIN, JAY J. MD
1635 SW FIRST AVE
UNIT 703
OCALA, FL 34474 US

Name and Address of New Registered Agent:

RUBIN, JAY J. MD
1635 SW FIRST AVE
OCALA, FL 34474 US

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: JAY J RUBIN, MD

01/27/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: RUBIN, JAY J. MD,
Address: 1635 SW FIRST AVE
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: RUBIN, JAY J. MD,
Address: 1635 SW FIRST AVE
City-St-Zip: OCALA, FL 34474

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAY J RUBIN, MD

PRES

01/27/2004

Electronic Signature of Signing Officer or Director

Date