FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FILED
95 MAY -1 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED AND FILED

DOCUMENT # **S96914** **(4)**

1. Corporate Name

JONATHAN S. RUBIN, M.D., P.A.

Principal Place of Business

3850 COCONUT CREEK PKWY
COCONUT CREEK FL 33066

Mailing Address

3850 COCONUT CREEK PKWY
COCONUT CREEK FL 33066

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/27/1991**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. # or Bldg. — 22

Suite, Apt. # or Bldg. — 27

City — 23 — 24 — 25

City, State — 28 — 29 — 30

4. FEI Number: **65-0297624**

Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under § 199.042, Florida Statutes: ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

RUBIN, JONATHAN S., M.D.
3850 COCONUT CREEK PKWY
#201
COCONUT CREEK FL 33066

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of section 607.0501, Florida Statutes, the above named corporation 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 section 607.0501, Florida Statutes.

(SIGNATURE)

12. OFFICER AND DIRECTOR NAME(S) AND ADDRESS(ES)

D
RUBIN, JONATHAN S.
3850 COCONUT CREEK PKWY
COCONUT CREEK FL

13. ADDITIONAL CHANGE(S) TO OFFICER AND DIRECTOR NAME(S) AND ADDRESS(ES)

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this 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 12 or Block 13 with an asterisk (*) for each position I hold with this corporation.

SIGNATURE: D. Rubin M.D. 4-27-95 305-979-3292

SIGNATURE AND TYPED OR PRINTED NAME OF BINDING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0110600 CP