

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Norman  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAR 21 PM 3:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **538208** (0)

1. Corporation Name  
**ROBERT M. GLEIBER, D.M.D., P.A.**

Principal Place of Business: **4100 S. DIXIE HIGHWAY WEST PALM BCH FL 33405**  
Mailing Address: **4100 S. DIXIE HIGHWAY WEST PALM BCH FL 33405**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/23/1977</b>	3a. Date of Last Filing <b>02/03/1994</b>
21. State, Apt. #, etc.	22. City & State	26. State, Apt. #, etc.	27. City & State	4. FEI Number <b>59-1748547</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24. Zip	25. Country	29. Zip	30. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May be Added to Fees</b>	8. This corporation has liability for intangible tax under Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>GLEIBER, ROBERT M. 4100 S. DIXIE HIGHWAY WEST PALM BCH FL</b>		10. Name and Address of New Registered Agent	
81. Name	82. Street Address (P.O. Box Number or Post Office Office)	83.	84. City
		FL 85.	

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing the name of its registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as of the date of filing of this report and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **3/19/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ONLY	
1. NAME <b>PD GLEIBER, ROBERT M.</b>	1.1 NAME <b>PD</b>	1.2 NAME <b>GLEIBER, ROBERT M.</b>	1.3 NAME <b>GLEIBER, ROBERT M.</b>
2. STREET ADDRESS <b>4100 S. DIXIE HWY WEST PALM BCH FL</b>	2.1 STREET ADDRESS	2.2 STREET ADDRESS	2.3 STREET ADDRESS
3. CITY, ST, ZIP	3.1 CITY, ST, ZIP	3.2 CITY, ST, ZIP	3.3 CITY, ST, ZIP
4. NAME	4.1 NAME	4.2 NAME	4.3 NAME
5. STREET ADDRESS	5.1 STREET ADDRESS	5.2 STREET ADDRESS	5.3 STREET ADDRESS
6. CITY, ST, ZIP	6.1 CITY, ST, ZIP	6.2 CITY, ST, ZIP	6.3 CITY, ST, ZIP
7. NAME	7.1 NAME	7.2 NAME	7.3 NAME
8. STREET ADDRESS	8.1 STREET ADDRESS	8.2 STREET ADDRESS	8.3 STREET ADDRESS
9. CITY, ST, ZIP	9.1 CITY, ST, ZIP	9.2 CITY, ST, ZIP	9.3 CITY, ST, ZIP
10. NAME	10.1 NAME	10.2 NAME	10.3 NAME
11. STREET ADDRESS	11.1 STREET ADDRESS	11.2 STREET ADDRESS	11.3 STREET ADDRESS
12. CITY, ST, ZIP	12.1 CITY, ST, ZIP	12.2 CITY, ST, ZIP	12.3 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not apply to this filing as stated in law. I have read the provisions of the statute and certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if I had personally signed the same. I am available to answer questions of the corporation or the receiver or trustee empowered to receive this report as required by Chapter 102, Florida Statutes, or to appear in the State of Florida to testify in any proceeding or on an affidavit with an address.

SIGNATURE: *[Signature]* DATE: **3/19/95** (409) 832-2551  
KX 8-21-95 CP