FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT #
1. Corporation Name STEVEN I. LIEBER, D.M.D., P.A.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

625962

(6)

DO NOT WRITE IN THIS SPACE

FILED

Jan 26 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address 5522 GULF DRIVE NEW PORT RICHEY FL 34652 5522 GULF DRIVE NEW PORT RICHEY FL 34652

								3. Date Incorporated or Qualified			
_								06/12/1979			
2. Principal Place of Business			20	. Mailing Address				4. FEI Number	Applied For		
1			26					59-1914420	Not Applicable		
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.					\$8.75 Additional Fee Required		
City & State			28	City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
a]	Zip	Country 25	29	Zip	30 Co	untry		8. This corporation owes or has paid the current Personal Property Tax due June 30.	nt year Intangible Yes		
Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent				
DEBEN, STEVEN L.						81	Name				
5522 GULF DRIVE MEW PORT RICHEY FL 34652					82	Street Address (P.O. Box Number is Not Acceptable)					
		· · · · · · · · · · · · · · · · · · ·				83					
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Pursuant to the provisions of Sections 607.0502 and 607.1508. 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. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE				_		
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: R	lagistered Agent signatura	e required when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	IS IN 12
TITLE		ELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	Lieber, Steven i		1.2 NAME	}		
STREET ADDRESS	5522 GULF DRIVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY FL		1.4 CITY-ST-ZIP			
TITLE		EFELE	2.1 TITLE		Change	Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CITY-ST-ZIP	<u> </u>		
TITLE		ELETÉ	3.1 TITLE		☐ Change	Addition .
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CiTY - ST - ZiP	<u> </u>		
TITLE	D 0	ELETE	4.1 TITLE		☐ Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE	□ DI	ELETE	5 1 TITLE		☐ Change	Addition
NAME			5.2 NAME	}		
STREET ADDRESS			5.3 STREET ADDRESS	,		
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE	□ DI	LETE	6.1 TITLE		☐ Change	Addition
NAME		1	6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CiTY-ST-ZIP			

14. Thereby 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 annual report or supplemental annual 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: