

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 512932

FILED  
Jan 06, 2004  
Secretary of State

Entity Name: H. FREDERICK KEIBER, M.D., P.A.

**Current Principal Place of Business:**

3601 S HIGHLANDS AVE  
SEBRING, FL 33870

**New Principal Place of Business:**

**Current Mailing Address:**

3601 S HIGHLANDS AVE  
SEBRING, FL 33870

**New Mailing Address:**

FEI Number: 59-1690490

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KEIBER, H. FREDERICK  
3601 S HIGHLANDS AVE  
SEBRING, FL 33870

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KEIBER, H. FREDERICK,  
Address: 2529 N.E. LAKEVIEW  
City-St-Zip: SEBRING FL,

Title: ST ( ) Delete  
Name: KEIBER, SHARON G.,  
Address: 2529 NE LAKEVIEW  
City-St-Zip: SEBRING FL,

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SHARON KEIBER

ST

01/06/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date