


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

FILED

Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 600813 (0)
1. Corporation Name
ROBERT S. LIEBESKIND, M.D., P.A.

Principal Place of Business
80 ISLA BAHIA DR
FT LAUDERDALE FL 33316

Mailing Address
80 ISLA BAHIA DR
FT LAUDERDALE FL 33316



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 425 CORAL WAY Suite, Apt. #, etc. 22 City & State 23 FT. LAUDERDALE FL Zip Country 24 33301 25 USA		2a. Mailing Address 26 425 CORAL WAY Suite, Apt. #, etc. 27 City & State 28 FT. LAUDERDALE FL Zip Country 29 33301 30 USA		3. Date Incorporated or Qualified 01/31/1969	
		4. FEI Number 59-1231335		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent OLESIWICK & DEAGUINO PA 2101 W COMMERCIAL BLVD SUITE 4800 FT LAUDERDALE FL 33309		10. Name and Address of New Registered Agent 81 Name OLESIWICK AND DEAGUINO P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD	LIEBESKIND, ROBERT S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
	80 ISLA BAHIA DR	1.3 STREET ADDRESS	425 CORAL WAY
	FT LAUDERDALE FL	1.4 CITY - ST - ZIP	
TITLE	NAME	2.1 TITLE	2.2 NAME
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
TITLE	NAME	3.1 TITLE	3.2 NAME
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
TITLE	NAME	4.1 TITLE	4.2 NAME
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
TITLE	NAME	5.1 TITLE	5.2 NAME
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE	6.2 NAME
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		6.3 STREET ADDRESS	
		6.4 CITY - ST - ZIP	

14. I hereby 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 trustee 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: Robert S. Liebeskind, President 3/14/98 954 462-7071

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