FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **604603** **(1)**

1. Corporation Name
ROBERT F. LIEBLER, D.M.D., P.A.

Principal Place of Business
6510 S.W. 93RD AVE.
MIAMI FL 33173

Mailing Address
6510 S.W. 93RD AVE.
MIAMI FL 33173

3. Date Incorporated or Qualified: **08/17/1973**
3a. Date of Last Report: **06/26/1995**

4. FEI Number: **59-1478206** [ ] 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. Has corporation been subject to intangible tax under s. 199.032, Florida Statutes? [X] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt. #
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
LIEBLER, ROBERT
6510 S.W. 93RD AVE.
MIAMI FL 33173

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 607.0505 (2) (b), Florida Statutes, we all the undersigned corporation's business address for the purpose of changing its registered office or registered agent, or both, in the State of Florida and to change, revoke, withdraw, or limit the authority of the corporation's officers and directors, or any of them, to accept the appointment as registered agent. Further, we hereby certify that we have read the statement in Section 607.0505 (2), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PDS	[ ] DELETE
NAME	LIEBLER, ROBERT F.	
STREET ADDRESS	6510 S.W. 93RD AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	[ ] Change	[ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	[ ] Change	[ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	[ ] Change	[ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	[ ] Change	[ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	[ ] Change	[ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I hereby certify that the information indicated on this report or supplemental 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 in compliance with these requirements.

SIGNATURE: X Robert F. Liebler, President X April 5 1996 X 305-274-9251
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)