


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90013 007 ***150.00

DOCUMENT # 604603

1. Entity 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**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip



03102006 Chg-P CR2E034 (11/05)

4. FEI Number
59-1478206

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

**LIEBLER, ROBERT
 6510 S.W. 93RD AVE.
 MIAMI, FL 33173**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PDS	<input type="checkbox"/> Delete
NAME	LIEBLER, ROBERT F.	
STREET ADDRESS	6510 S.W. 93RD AVE.	
CITY-ST-ZIP	MIAMI, FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LIEGLER, JANICE R	
STREET ADDRESS	6510 SW 93 AVE	
CITY-ST-ZIP	MIAMI, FL 33173	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D Matthew B. Liebler, Esq.	
STREET ADDRESS	7721 Pickering Drive	
CITY-ST-ZIP	Charlotte, NC 28213	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mis spelled	
STREET ADDRESS	Liebler - Correction	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D Liebler, Matthew B.	
STREET ADDRESS	7721 Pickering Drive	
CITY-ST-ZIP	Charlotte, NC 28213	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 