

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 625962**

1. Entity Name

STEVEN I. LIEBER, D.M.D., P.A.



Principal Place of Business

5522 GULF DRIVE  
NEW PORT RICHEY, FL 34652

Mailing Address

5522 GULF DRIVE  
NEW PORT RICHEY, FL 34652



02142007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-1914420

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LIEBER, STEVEN I  
5522 GULF DRIVE  
NEW PORT RICHEY, FL 34652

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

UNDOC0648631  
03/06/07-80040-007 150.00

10. OFFICERS AND DIRECTORS

|                |                           |
|----------------|---------------------------|
| TITLE          | PD                        |
| NAME           | LIEBER, STEVEN I          |
| STREET ADDRESS | 5522 GULF DRIVE           |
| CITY-ST-ZIP    | NEW PORT RICHEY, FL 34652 |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

**DO NOT WRITE  
IN THIS SPACE**

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 provided by Chapter 507, 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:**

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #