

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**- Apr 16, 2005 08:00 AM
Secretary of State**

DOCUMENT # 658540

**1. Entity Name
AVROHM W. FABER, M.D., P.A.**



**Principal Place of Business
408 PALMETTO ST
NEW SMYRNA BCH, FL 32168 US**

**Mailing Address
408 PALMETTO ST
NEW SMYRNA BCH, FL 32168 US**



03082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
59-1974602**

**Applied For
Not Applicable**

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

6. Name and Address of Current Registered Agent

**FABER, AVROHM W
408 PALMETTO ST
NEW SMYRNA BEACH, FL 32168**

**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, 2005 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution. ☐**

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

10. OFFICERS AND DIRECTORS

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
FABER, AVROHM W
408 PALMETTO ST
NEW SMYRNA BEACH, FL**

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

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NAME
STREET ADDRESS
CITY-ST-ZIP**

1000000309538
04/16/05-80041-020 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Avrohm W. Faber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AVROHM W. FABER

4/14/05 386-427-6791
Date Daytime Phone #