

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

95 MAY -1 PM 4: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **692349** (4)

1. Corporation Name
ROBERT M. FABER, M.D., P.A.

Principal Place of Business: 500 S DELANEY AVENUE, STE 303 ORLANDO FL 32801

Mailing Address: 500 S DELANEY AVENUE, STE 303 ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/26/1981**

3a. Date of Last Report: **05/01/1994**

21. Principal Place of Business 25 West Kaley Street Suite, Apt #, etc. # 200 City & State Orlando Fla Zip 32806	2a. Mailing Address PO Box 1871 Suite, Apt #, etc. # 200 City & State Orl Fla Zip 32802	22. Country Orange	23. Country Orange	4. FEI Number 59-2101831	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 has liability for intangible tax under 5 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent FABER, ROBERT M., M.D. 500 S DELANEY AVENUE, STE 303 ORLANDO FL 32801				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable) 25 West Kaley Ave #200	
83				84 City Orlando FL 85 Zip Code 32806	

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 *[Signature]*
Signature of (and or printed name of) registered agent and the # applicable: **12711** Registered Agent signature required when registering: **12711**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PDS	NAME FABER, ROBERT M MD	11 TITLE RD FABER, ROBERT M MD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 500 S.DELANEY AVE.,#303	CITY ST ZIP ORLANDO, FL 0	12 NAME	
		13 STREET ADDRESS 25 West Kaley # 200	
		14 CITY ST ZIP Orl, Fla 32806	
TITLE	NAME	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		22 NAME	
CITY ST ZIP		23 STREET ADDRESS	
		24 CITY ST ZIP	
TITLE	NAME	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		32 NAME	
CITY ST ZIP		33 STREET ADDRESS	
		34 CITY ST ZIP	
TITLE	NAME	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		42 NAME	
CITY ST ZIP		43 STREET ADDRESS	
		44 CITY ST ZIP	
TITLE	NAME	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		52 NAME	
CITY ST ZIP		53 STREET ADDRESS	
		54 CITY ST ZIP	
TITLE	NAME	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		62 NAME	
CITY ST ZIP		63 STREET ADDRESS	
		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this renewal 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: *[Signature]* **4/27/95** **407-425-8121**
Signature and typed or printed name of signing officer or director (Date) (Phone (Area #))