

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90012 021 \*\*\*150.00

USE 11/98

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 692349**

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

Principal Place of Business  
 25 WEST KALEY ST  
 #200  
 ORLANDO FL 32806  
 US

Mailing Address  
 P.O. BOX 1871  
 ORLANDO FL 32802  
 US

DO NOT WRITE IN THIS SPACE

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

4. FEI Number  
**59-2101831**

Applied For  
 Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

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. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FABER, ROBERT M., M.D.  
 25 SWEST KALEY AVE  
 Y  
 ORLANDO FL 32806

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
*25 West Kaley St #200*  
 83  
 84 City *Orl* 85 Zip Code *FL 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 on, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* *delite* DATE *4-24-99*

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                    |                                 |
|----------------|--------------------|---------------------------------|
| TITLE          | PDS                | <input type="checkbox"/> DELETE |
| NAME           | FABER, ROBERT M MD |                                 |
| STREET ADDRESS | 25 WEST KALEY #200 |                                 |
| CITY-ST-ZIP    | ORLANDO FL 32806   |                                 |
| 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    |                    |                                 |
| TITLE          |                    | <input type="checkbox"/> DELETE |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-ST-ZIP    |   |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: *4/26/99* DAYTIME PHONE #: *407-425-8121*

CR2E034 (11/98)