

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90002 032 ***150.00

DOCUMENT # 692349

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

Principal Place of Business 25 WEST KALEY ST #200 ORLANDO FL 32806 US	Mailing Address PO BOX 568485 ORLANDO FL 32856-8485 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
51 Pennsylvania St

3. Mailing Address

Suite, Apt. #, etc.
B

Suite, Apt. #, etc.

City & State
Orl, Fla

City & State

4. FEI Number **59-2101831** Applied For
 Not Applicable

Zip **32806** Country *Orange*

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FABER, ROBERT M., M.D.
 25 SWEST KALEY AVE
 #200
 ORLANDO FL 32806**

Name
 Street Address (P.O. Box Number is Not Acceptable) *51 Pennsylvania St #B*
B
 City *Orl* FL Zip Code *32806*

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS FABER, ROBERT M MD 25 WEST KALEY #200 ORLANDO FL 32806 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **4-24-00** **407 405-8171**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)