

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 692349

FILED  
Feb 17, 2011  
Secretary of State

**Entity Name:** ROBERT M. FABER, M.D., P.A.

**Current Principal Place of Business:**

100 WEST GORE ST  
SUITE 405  
ORLANDO, FL 32806 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 568485  
ORLANDO, FL 328568485 US

**New Mailing Address:**

FEI Number: 59-2101831

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FABER, ROBERT M  
100 WEST GORE STREET  
SUITE 405  
ORLANDO, FL 32806 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: FABER, ROBERT M  
Address: 100 WEST GORE STREET SUITE 405  
City-St-Zip: ORLANDO, FL 32806

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT M FABER

PRES

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date