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

SIGNATURE:

May 13 1998 8:00am PROFIT ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # F54622 (8)RICHARD W. LIEBERMAN, M.D., P.A. Principal Place of Business Mailing Address 4001 N OCEAN BY 4001 N OCEAN BY DO NOT WRITE IN THIS SPACE **BOCA RATON FL 33431** BOCA RATON FL 33431 3. Date Incorporated or Qualified 12/11/1981 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-2144375 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible 24 Yes 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LIEBERMAN, RICHARD W. 4001 N OCEAN BV 806-B Street Address (P.O. Box Number is Not Acceptable) 82 **BOCA RATON FL 33431** 83 City Zip Code 85 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, typed or priotee name of registered agent and title if applicable (NOT). Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ☐ DELETE TITLE **PVD** 1.1 TITLE Change Addition LIEBERMAN, RICHARD W 1.2 NAME NAME 4001 N OCEAN BV 806-B STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE Change LIEBERMAN, RICHARD W 2.2 NAME 4001 N OCEAN BV 806-B STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.5 TITLE LIEBERMAN, RICHARD W 3.2 NAME STREET ADDRESS 4001 N OCEAN BV 806 B 3.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 1ITLE Change Addition 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change TITLE ☐ Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change TITLE 6.1 TITLE Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-2MP 14. Thereby certify that the information supplied why this filing dindicated on this annual report or supplemental innual fipod officer or director of the corporation or the receiver or visited Block 12 or Block 13 if changed, or on an autopiment with the s not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

FILED

561-367-9380