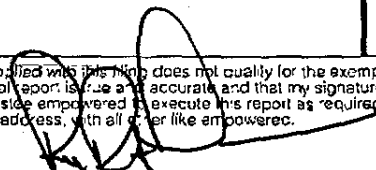


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 08:00 AM
Secretary of State

DOCUMENT # H34483 1. Entity Name PAUL R. LIEBMAN, M.D., P.A.			
Principal Place of Business 2511 N. FLAGLER DR. W. PALM BCH., FL 33407		Mailing Address 2511 N. FLAGLER DR. W. PALM BCH., FL 33407	
DO NOT WRITE IN THIS SPACE		 07062005 No Chg-P CR2E034 (10/03)	
4. FEI Number 65-0607465		Applied For: ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent LIEBMAN, PAUL R. 2511 N. FLAGLER DR. W. PALM BCH., FL 33407	
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. I am familiar with, and accept the obligations of registered agent.		DO NOT WRITE IN THIS SPACE	
SIGNATURE _____ Signature, typed or printed name of registered agent and file it applicable (NOTE: Registered Agent signature required when reinstating)		1100000371941 07/11/05-80010-017 150.00 DATE	
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		DO NOT WRITE IN THIS SPACE	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D LIEBMAN, PAUL R M.D. 3126 EMBASSY DRIVE W. PALM BEACH, FL 33401		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
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TITLE NAME STREET ADDRESS CITY- ST- ZIP			
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exempt on 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 10 or Block 11 if changed or on an attachment with an address, with all other like empowered.		SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date: 7/6/05		Daytime Phone:	