
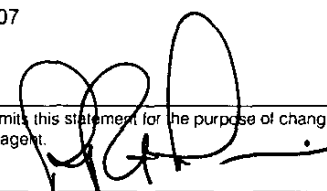
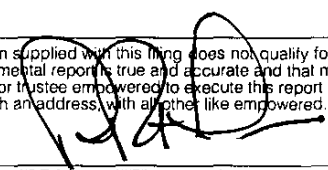


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90039 008 ***150.00

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	
2. Principal Place of Business - No P.O. Box # 1620 N. DIXIE HIGHWAY		3. Mailing Address 1620 N. DIXIE HIGHWAY	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State W. PALM BEACH, FL		City & State W. PALM BEACH, FL	
Zip 33407		Zip 33407	
Country USA		Country USA	
4. FEI Number 65-0607465		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1620 N. DIXIE HIGHWAY City W. PALM BEACH FL Zip Code 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. SIGNATURE  DATE X 29 June 07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	NAME LIEBMAN, PAUL R M.D.	<input type="checkbox"/> Delete	
STREET ADDRESS 3126 EMBASSY DRIVE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP W. PALM BEACH, FL 33401			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 		DATE X 29 June 07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	