

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra M. Alexander
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
FILED

95 MAY -1 PM 9:50

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # **M33554**

(0)

1. Corporation Name:

MORTON I. LIEBERMAN, D.D.S., P.A.

Principal Place of Business

**% ALAN S. BECKER
1890 NE 198 ST
N MIAMI BEACH FL 33179**

Mailing Address

**% ALAN S. BECKER
1830 NE 198 TERR
N MIAMI BEACH FL 33179
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/12/1986	3a. Date of Last Report 04/21/1994
4. FEI Number 59-2694108	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Funds Contribution ☐	\$5.00 May Be Added to Fees
8. The corporation has liability for intangible tax under S. 190.07(2), Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21. State Apt. #, etc.	26. State Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**BECKER, ALAN S.
3111 STIRLING RD
FT. LAUDERDALE FL 33312**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 190.06(1), and 190.07(2), 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. As its name 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 190.07(2), Florida Statutes.

SIGNATURE

By _____, President, Secretary, Treasurer, or other officer or agent authorized to sign.

By _____, Registered Agent, or other person authorized to sign.

12. OFFICER AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICER AND DIRECTORS IN 12	
NAME	PD LIEBERMAN, MORTON I. 1830 N.E. 198TH TER. NO. MIAMI BCH FL 33179	NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	☐ Change ☐ Addition
CITY		CITY	☐ Change ☐ Addition
STATE		STATE	☐ Change ☐ Addition
ZIP		ZIP	☐ Change ☐ Addition
COUNTRY		COUNTRY	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	☐ Change ☐ Addition
CITY		CITY	☐ Change ☐ Addition
STATE		STATE	☐ Change ☐ Addition
ZIP		ZIP	☐ Change ☐ Addition
COUNTRY		COUNTRY	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not comply with the requirements stated in Section 190.06(1)(b), Florida Statutes. I further certify that this information is included in this annual report or supplemental annual report as 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 registered agent or other person authorized to sign this report as required by Chapter 190, Florida Statutes, and that my name appears in Article 12 of the corporation's charter or articles of incorporation.

SIGNATURE:

Morton I. Lieberman
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR
MORTON I. LIEBERMAN D.D.S. PA

4-2-95

(305) 932-9749