FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

APPROVED
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95 MAY -1 PM 9:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **M33554** **(0)**

1. Corporate Name:

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

Principal Place of Business	Mailing Address
% ALAN S. BECKER 1890 NE 190 ST N MIAMI BEACH FL 33179	% ALAN S. BECKER 1830 NE 198 TERR N MIAMI BEACH FL 33179 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
06/12/1986	04/21/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. # or Bldg.	Suite, Apt. # or Bldg.
22	27
City & State	City & State
23	28
Zip / County	Zip / County
24 / 25	29 / 30

4. FEI Number	Applied For
59-2694108	Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. The corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BECKER, ALAN S. 3111 STIRLING RD FT. LAUDERDALE FL 33312	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0501, 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 607.0501, Florida Statutes.

SIGNATURE(S)

12. OFFICER AND/OR DIRS.	13. ADDITIONAL OFFICER AND DIRECTOR
PD LIEBERMAN, MORTON I. 1830 N.E. 198TH TER. NO. MIAMI BCH FL 33179	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this 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: [signature] DDS PA — 4.27.95 — (305) 932 9749

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone Number

MORTON I. LIEBERMAN DDS PA

0196387 CP