

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000110491

Entity Name: M. STEVEN FARBER, M.D.,P.A.

FILED
Jan 10, 2006
Secretary of State

Current Principal Place of Business:

14038 ELLESMERE DR
TAMPA, FL 33624

New Principal Place of Business:

Current Mailing Address:

14038 ELLESMERE DR
TAMPA, FL 33624

New Mailing Address:

FEI Number: 03-0380900

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARBER, M. STEVEN
14038 ELLESMERE DR
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: FARBER, MANUEL S
Address: 14038 ELLESMERE DR
City-St-Zip: TAMPA, FL 33624

Title: VP () Delete
Name: FARBER, PATRICIA
Address: 14038 ELLESMERE
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: FARBER, MANUEL STEVEN
Address: 14038 ELLESMERE DR
City-St-Zip: TAMPA, FL 33624

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MANUEL STEVEN FARBER

PRES

01/10/2006

Electronic Signature of Signing Officer or Director

Date