

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000110491

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

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

14038 ELLESMERE DRIVE  
TAMPA, FL 33624 US

**New Principal Place of Business:**

**Current Mailing Address:**

14038 ELLESMERE DRIVE  
TAMPA, FL 33624 US

**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:**

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

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: MANUEL STEVEN FARBER

01/05/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: FARBER, MANUEL STEVEN  
Address: 14038 ELLESMERE DR  
City-St-Zip: TAMPA, FL 33624 US

Title: VP  
Name: FARBER, PATRICIA  
Address: 14038 ELLESMERE  
City-St-Zip: TAMPA, FL 33624 US

I hereby 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 all other like empowered.

SIGNATURE: MANUEL STEVEN FARBER

PRES

01/05/2011

Electronic Signature of Signing Officer or Director

Date