

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000144874

FILED  
Apr 13, 2005  
Secretary of State

Entity Name: THE LIEBERMAN PARKINSON CLINIC P.A.

## Current Principal Place of Business:

10205 COLLINS AVE #107  
BAL HARBOR, FL 33154

## New Principal Place of Business:

1440 KENNEDY CAUSEWAY  
102  
NORTH BAY VILLAGE, FL 33141

## Current Mailing Address:

10205 COLLINS AVE #107  
BAL HARBOR, FL 33154

## New Mailing Address:

1440 KENNEDY CAUSEWAY  
102  
NORTH BAY VILLAGE, FL 33141

FEI Number: 20-1793777

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS RD #221E  
PALM BCH GARDENS, FL 33410 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: D ( ) Delete  
Name: LIEBERMAN, ADRAHAM N  
Address: 10205 COLLINS AVE #107  
City-St-Zip: BAL HARBOR, FL 33154

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition  
Name: LIEBERMAN, ABRAHAM N  
Address: 10205 COLLINS AVE #107  
City-St-Zip: BAL HARBOR, FL 33154

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ABRAHAM N LIEBERMAN

DR

04/13/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date