

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000076252

1. Entry Name

BRIAN F. LIEBERSBACH, M.D., PH.D., P.A.



FILED

06 APR -5 AM 11:39

RECORDS SECTION
TALLAHASSEE, FLORIDA

Principal Place of Business
19333 SPRING OAK DRIVE
EUSTIS, FL 32736

Mailing Address
19333 SPRING OAK DRIVE
EUSTIS, FL 32736

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03112006

Chg-P

CR2E034 (11/05)

4. FEI Number

20-2872716

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

URICH-LIEBERSBACH, LAURA
19333 SPRING OAK DRIVE
EUSTIS, FL 32736

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renewing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
President
Brian F. Liebersbach
19333 Spring Oak Drive
Eustis, FL 32736 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Registered Agent
Laura Urich-Liebersbach
19333 Spring Oak Drive
Eustis, FL 32736 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
U00000468791
03/25/06-80003-023 150.00 ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY- ST- ZIP
☐ Delete

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CITY- ST- ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Photo

BF LIEBERSBACH 3/14/06 1552-589-0305