


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000076252 1. Entity Name BRIAN F. LIEBERSBACH, M.D., PH.D., P.A.	
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Principal Place of Business 19333 SPRING OAK DRIVE EUSTIS, FL 32736	Mailing Address 19333 SPRING OAK DRIVE EUSTIS, FL 32736
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DO NOT WRITE IN THIS SPACE



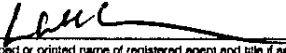
01062008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2872716	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent URICH-LIEBERSBACH, LAURA 19333 SPRING OAK DRIVE EUSTIS, FL 32736
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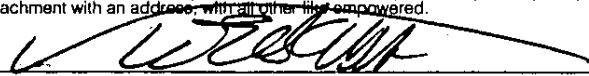
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE 	<i>Laura Urich-Liebersbach</i> (NOTE: Registered Agent signature required when reinstating)	DATE 1-7-08

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000790247 01/23/08-80024-012 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIEBERSBACH, BRIAN F 19333 SPRING OAK DRIVE EUSTIS, FL 32736
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 the empowered.		
SIGNATURE: 	Date 1/16/08	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		