2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 30, 2006 8:00 am Secretary of State 5/1

Principal Place of Business Majling Address 731 PARKSDE CIRCLE NORTH BOCK RATION, FL 33486 731 PAR	DOCUMENT # P05000133625 1. Entity Name MELISSA T. LIBOW MPT, P.A.										05-01-2	2006 9	00345 00)7 ***150.
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Name Name Street Address (P.O. Box Number is Not Acceptable)	Zip	Country				Zip	ntry		5. Certificate	of Status Desired				
LIBOW, ALLEN H 33431 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code a. The above named entity authinis this statement for the purpose of changing its registered agent, or both, in the State of Rorido. I am familiar with, and accept the obligations of registered agent, where it is not purpose of changing its registered agent, or both, in the State of Rorido. I am familiar with, and accept the obligations of registered agent, where it is not purpose of changing its registered agent, or both, in the State of Rorido. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorido. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorido. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorido. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorido. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorido. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorido. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorido. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorido. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorido. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorido. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorido. I am familiar with, and accept the obligation of registered agent, or both, in the State of Rorido. I am familiar with, and accept the obligation of registered agent, or both, in the State of Rorido. I am familiar with, and accept the registered agent, or both, in the State of Rorido. I am familiar with, and accept the obligation of Rorido Rorido Rorido Rorido Rorido Rorido Rorido Rorido R		6. Name	and Ado	ress of Currer	it Regi	stered Agent	Nome		7. Name and	Address of New Re	gistered	Agent		
B. The above named entity aubmits this attainment for the purpose of changing its registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent. Signature Signature hade or protection agent of registered agent and the independent of the purpose of changing its registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent. Signature hade or protection agent or registered agent or registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent.	3351 NW BOCA RATON BLVD.							! 	ess (i	P.O. Box Numbe	r is Not Acceptable)		
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Rorids. I am lamiliar with, and accept the obligations of registered agent. Comparison of registered agent or design of registered agent of registered agent, or both, in the State of Rorids. I am lamiliar with, and accept the obligations of registered agent. Comparison of registered agent or registered agent, or both, in the State of Rorids. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Rorids. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Rorids. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Rorids. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Rorids. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Rorids. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Rorids. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Rorids. Comparison of registered agent. Comparison of Rorids of Rori								City	_			FI	Zip Co	ode
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12. I heroby certly that the information supplied with this filling 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 attachyperal with an address, with all wither like empowered.														
SIGNATURE: // 1/20 (561) 367-7300	ì		4//	July)	1	1	<i>L</i>	1 hb10	6		65	(e1)	367-	7300