

8/11/2007 09:50 56139458

JEFFREY B HAM

FILED
Aug 20, 2007 8:00 am
Secretary of State

07-16-2007 90130 016 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

7/11

66021099

DOCUMENT # P06000115736					
1. Entity Name MARIE-CARMELLE C. LIBURD, M.D., P.A.					
Principal Place of Business 1190 NW 95 STREET STE 105 MIAMI, FL 33150 US			Mailing Address 1190 NW 95 STREET STE 105 MIAMI, FL 33150 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 205503820	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LIBURD, MARIE-CARMELLE C M.D. 1190 NW 95 STREET STE 105 MIAMI, FL 33150			7. Name and Address of New Registered Agent 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 must also be acceptable. (NOTE: Registered Agent signature required when re-electing)) (DATE)					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIBURD, MARIE-CARMELLE C M.D. 1190 NW 95 STREET, STE 105 MIAMI, FL 33150	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS 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: <u>Marie-Carmelle Liburd</u> 07/11/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone					

Received Time Jul. 11. 9:41AM