


FILED
Apr 23, 2007 8:00 am
Secretary of State

04-03-2007 90019 036 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000125115			
1. Entity Name KATHLEEN LEBER, M.D., AESTHETICS, P.A.			
Principal Place of Business 2835 W DELEON ST UNIT 201 TAMPA, FL 33609		Mailing Address 2835 W DELEON ST UNIT 201 TAMPA, FL 33609	
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
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		4. FEI Number 20-5656264 Applied For Not Applicable	
6. Name and Address of Current Registered Agent HOLCOMB, VICTOR W 201 N ARMENIA AVE TAMPA, FL 33609		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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D LIEBER, KATHLEEN 2835 W DELEON ST, UNIT 201 TAMPA, FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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>Kathleen Leber M.D.</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>3/24/07</u> Daytime Phone #: <u>813-350-0206</u>	