

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000029173

Entity Name: DR. LEE S. BARBACH, P.A.

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1717 N. BAYSHORE DR.  
SUITE 240  
MIAMI, FL 33132 US

**New Principal Place of Business:**

**Current Mailing Address:**

1717 N. BAYSHORE DR.  
# 3746  
MIAMI, FL 33132

**New Mailing Address:**

FEI Number: 65-0402002

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BARBACH, LEE S  
1717 N. BAYSHORE DR.  
# 3746  
MIAMI, FL 33132 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: BARBACH, LEE S  
Address: 1717 N. BAYSHORE DR. # 3746  
City-St-Zip: MIAMI, FL 33132

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LEE S. BARBACH

PSD

04/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date