

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000039675**

1. Entity Name  
**FRED A. LIEBOWITZ, M.D., P.A.**



Principal Place of Business  
**6150 DIAMOND CENTRE CT  
#700-1  
FORT MYERS, FL 33912-4337 US**

Mailing Address  
**6150 DIAMOND CENTRE CT  
#700-1  
FT. MYERS, FL 33912-4337 US**



04282008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0414632**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**LIEBOWITZ, FRED A M.D.  
11330 BENT PINE DR.  
FT. MYERS, FL 33913**

**DO NOT WRITE  
IN THIS SPACE**

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

0000010948004  
06/02/08-80037-019 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	LIEBOWITZ, FRED A M.D.
STREET ADDRESS	11330 BENT PINE DR.
CITY-ST-ZIP	FT. MYERS, FL 33913
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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 like empowered.

**SIGNATURE:**

*Fred Liebowitz MD*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-08

Date

239-278-1000

Daytime Phone #