
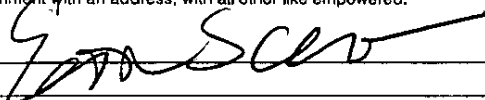


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90112 035 ***150.00

DOCUMENT # P93000058336			
1. Entity Name ELIZABETH N. SCHEIBER, D.P.M., P.A.			
Principal Place of Business 19635 STATE ROAD 7 43 BOCA RATON, FL 33498 US		Mailing Address 6621 NW 23RD WAY BOCA RATON, FL 33496 US	
2. Principal Place of Business - No P.O. Box # 7050 W PALMETTO PK RD Suite, Apt. #, etc. Suite 18 City & State Boca Raton, FL Zip 33433 Country US		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
03282008		Chg-P	CR2E034 (12/06)
4. FEI Number 65-0432911		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHEIBER, ELIZABETH N 6621 NW 23RD WAY BOCA RATON, FL 33496		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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	
D SCHEIBER, ELIZABETH N 6621 NW 23RD WAY BOCA RATON, FL 33496 <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: 		4/21/08	