

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000056143	
1. Entity Name ROSS LIEBERFARB, M.D., P.A.	

Principal Place of Business 6759 ROYAL ORCHID CIRCLE DELRAY BEACH, FL 33446 US	Mailing Address 6759 ROYAL ORCHID CIRCLE DELRAY BEACH, FL 33446 US
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06252004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0689095

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LIEBERFARB, ROSS MD 6759 ROYAL ORCHID CIRCLE DELRAY BEACH, FL 33446
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**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: *Ross Lieberfarb MD PA* DATE: 6/22/04
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PTD LIEBERFARB, ROSS 6759 ROYAL ORCHID CIRCLE DELRAY BEACH, FL 33446
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06/28/04-80002-005 550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Ross Lieberfarb MD PA* DATE: 6/22/04 (561) 637-0015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR