

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 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



02202006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **85-0689095** 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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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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution: ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
LIEBERFARB, ROSS
6759 ROYAL ORCHID CIRCLE
DELRAY BEACH, FL 33446

TITLE
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04/13/06-20056-009 150.00

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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: Ross T. Lieberfarb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/06 5612131535
Date Daytime Phone #