FILED

Sep 08, 2003 8:00 am Secretary of State

09-08-2003 90308 043 ***550.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT # P9600056143

1. Entity Name

ROSS LIEBERFARB, M.D., P.A.

			WE THE			
Principal Place of Business 6759 ROYAL ORCHID CIRCLE DELRAY BEACH FL 33446 US		Mailing Address 6759 ROYAL ORCHID CIRCLE DELRAY BEACH FL 33446 US				
2. Principal Place of Business		3. Mailing Address				111
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 65-0689095	Applied For	_
Zip	Country	Zip	Country		8.75 Additional	NO.
	6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered A		\dashv
			Name			
LIEBERFARB, ROSS MD 6759 ROYAL ORCHID CIRCLE DELRAY BEACH FL 33446		Street Address		(P.O. Box Number is Not Acceptable)		
DELMAT	BEACH FL 33440		City	FL	Zip Code	
	e named entity submits this statement for tions of registered agent.	the purpose of changing its r	egistered office or registe	red agent, or both, in the State of Florida. I am fa	l miliar with, and acce	ept
SIGNATURE	Rss Jub fob Signature, typed or printed name of registered agent a	nd little if applicable. (NOTE:	Registered Agent signature require	id when reinstating) DATE		
After Se Make Check	ptember 10, 2003 Fee will be \$750.k Payable to Florida Department of	State		9Election.Campaign.Financing Trust Fund Contribution.	\$5.00 May 8 Added to Fees	3e
10.	OFFICERS AND I		11.	ADDITIONS/CHANGES TO OFFICERS AND		
NAME STREET ADDRESS CITY-ST-ZIP	PTD LIEBERFARB, ROSS 6759 ROYAL ORCHID CIRCLE DELRAY BEACH FL 33446	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addi	tion
TITLE ' NAME STREET ADDRESS CITY-ST-ZIP	÷ Asi	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addi	ition
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TITLE NAME STREET ADDRESS		. Delete	TITLE NAME STREET ADDRESS		☐ Change ☐ Addil	tion

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/03 (561) 637 0015 Daytime Phone #