


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000065709
 1. Entity Name
 MARK A. LIEBERFARB, M.D., P.A.



Principal Place of Business Mailing Address
 6894 LAKE WORTH ROAD 6894 LAKE WORTH ROAD
 STE. 204 STE. 204
 LAKE WORTH, FL 33467 LAKE WORTH, FL 33467



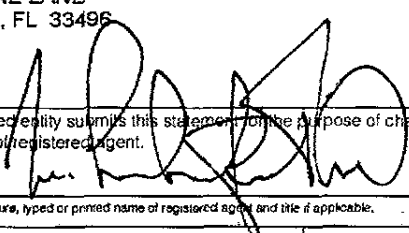
01092004 No Chg-P CR2E034 (10/03)

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4. FEI Number Applied For
 65-0938076 Not Applicable

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

6. Name and Address of Current Registered Agent
 LIEBERFARB, MARK A
 7034 AYRSHIRE LANE
 BOCA RATON, FL 33496



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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 _____ DATE 1/9/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	PST LIEBERFARB, MARK A 7034 AYRSHIRE LANE BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LIEBERFARB, MARK A 7034 AYRSHIRE LANE BOCA RATON, FL 33496
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 01/13/04-80065-025 150.00

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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: _____ DATE 1/9/04 DAYTIME PHONE # 561-641-4044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR