


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2007 08:00 AM
Secretary of State

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

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



| | |
|--------------------------------------------------------------------------|----------------------------------------------|
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc | 3. Mailing Address Suite, Apt. #, etc |
|--------------------------------------------------------------------------|----------------------------------------------|

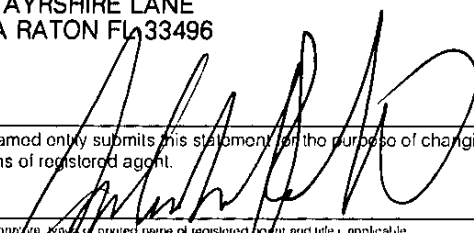
1st MOORE CR2E034 (10/06)

| | |
|--------------------------------------|--------------------------------------|
| City & State Zip Country | City & State Zip Country |
|--------------------------------------|--------------------------------------|

| | |
|-----------------------------------------------------------|---------------------------------------------------------------------------------|
| 4. FEI Number 65-0938076 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent LIEBERFARB, MARK A 7034 AYRSHIRE LANE 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  DATE **1/31/07**

(NOTE: Registered Agent signatures required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$350.00
Make Check Payable to Florida Department of State

| | |
|----------------------------------------------------------------------------------|------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|----------------------------------------------------------------------------------|------------------------------------|

| 10. OFFICERS AND DIRECTORS | | <input type="checkbox"/> Delete |
|----------------------------|------------------------------------------------------------------------|---------------------------------|
| TITLE | PST LIEBERFARB, MARK A 7034 AYRSHIRE LANE BOCA RATON FL 33496 | <input type="checkbox"/> |
| TITLE | VPD LIEBERFARB, MARK A 7034 AYRSHIRE LANE BOCA RATON FL 33496 | <input type="checkbox"/> |
| TITLE | | <input type="checkbox"/> |
| TITLE | | <input type="checkbox"/> |
| TITLE | | <input type="checkbox"/> |
| TITLE | | <input type="checkbox"/> |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|-------------------------------------------------------|--|-------------------------------------------------------------------|
| TITLE | | <input type="checkbox"/> |
| TITLE | | <input type="checkbox"/> |
| TITLE | | <input type="checkbox"/> |
| TITLE | | <input type="checkbox"/> |
| TITLE | | <input type="checkbox"/> |
| TITLE | | <input type="checkbox"/> |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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. *Mark A. Lieberfarb*