

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 692349

Entity Name: ROBERT M. FABER, M.D., P.A.

Current Principal Place of Business:

100 WEST GORE ST
SUITE 405
ORLANDO, FL 32806

Current Mailing Address:

PO BOX 568485
ORLANDO, FL 32856-8485 US

FEI Number: 59-2101831

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FABER, ROBERT M
100 WEST GORE STREET
SUITE 405
ORLANDO, FL 32806 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title PRES
Name FABER, ROBERT M
Address 100 WEST GORE STREET SUITE 405
City-State-Zip: ORLANDO FL 32806

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT M FABER

PRESIDENT

03/17/2016

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date