

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000065709

**Entity Name:** MARK A. LIEBERFARB, M.D., P.A.

**Current Principal Place of Business:**

6894 LAKE WORTH ROAD  
STE. 204  
LAKE WORTH, FL 33467

**Current Mailing Address:**

6894 LAKE WORTH ROAD  
STE. 204  
LAKE WORTH, FL 33467

**FEI Number:** 65-0938076

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LIEBERFARB, MARK A  
7034 AYRSHIRE LANE  
BOCA RATON, FL 33496 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           | PST                 | Title           | VPD                 |
| Name            | LIEBERFARB, MARK A  | Name            | LIEBERFARB, MARK A  |
| Address         | 7034 AYRSHIRE LANE  | Address         | 7034 AYRSHIRE LANE  |
| City-State-Zip: | BOCA RATON FL 33496 | City-State-Zip: | BOCA RATON FL 33496 |

*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:** MARK A LIEBERFARB MD

**OWNER**

**01/26/2013**

Electronic Signature of Signing Officer/Director Detail

Date