

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 28, 2008 8:00 am**  
**Secretary of State**

07-28-2008 90031 026 \*\*\*150.00

**DOCUMENT # M03118**  
 1. Entity Name  
 ORLANDO J. LEON, M.D., P.A.



Principal Place of Business      Mailing Address  
 9000 SW 87TH CT., SUITE 106      9000 SW 87TH CT., SUITE 106  
 MIAMI, FL 33176      MIAMI, FL 33176

00045525



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

07112008      Chg-P      CR2E034 (12/06)

City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
 59-2435274      Not Applicable

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

6. Name and Address of Current Registered Agent  
 LEON, ORLANDO J M.D.  
 7000 SW 97TH AVE  
 SUITE 102  
 MIAMI, FL 33173

7. Name and Address of New Registered Agent  
 Name: *Orlando J. Leon M.D.*  
 Street Address (P.O. Box Number is Not Acceptable): *9000 SW 87 CT*  
*Suite 106*  
 City: *Miami*      FL      Zip Code: *33176*

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: *[Signature]*      DATE: \_\_\_\_\_  
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 Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DPTS	<input type="checkbox"/> Delete
NAME	LEON, ORLANDO J.	
STREET ADDRESS	7835 SW 82 CT.	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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, with all other like empowered.

SIGNATURE: *[Signature]*      7/16/08      305-596-6200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #