


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90045 042 \*\*\*150.00

**DOCUMENT # P01000058220**

1. Entity Name  
**LEON MEDICAL CENTERS HEALTH PLANS, INC.**



Principal Place of Business      Mailing Address

11501 SOUTHWEST 40 STREET      11501 SOUTHWEST 40 STREET  
 2ND FLOOR      2ND FLOOR  
 MIAMI, FL 33165 US      MIAMI, FL 33165 US

40096259



04242007    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 65-1129599      Not Applicable

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

**6. Name and Address of Current Registered Agent**

MAURY, ALBERT R  
 11501 SOUTHWEST 40 STREET  
 2ND FLOOR  
 MIAMI, FL 33165

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
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, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PCEO
NAME	LEON, BENJAMIN JR
STREET ADDRESS	11501 SOUTHWEST 40 STREET 2ND FLOOR
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	EVCF
NAME	EISEMAN, STUART
STREET ADDRESS	11501 SOUTHWEST 40 STREET 2ND FLOOR
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	VPO
NAME	LEON, BENJAMIN III
STREET ADDRESS	11501 SOUTHWEST 40 STREET 2ND FLOOR
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	VPMS
NAME	MAURY, ALBERT R
STREET ADDRESS	11501 SOUTHWEST 40 STREET 2ND FLOOR
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	T
NAME	LEON, LOURDES
STREET ADDRESS	11501 SOUTHWEST 40 STREET 2ND FLOOR
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-07    305-644-2135  
Date      Daytime Phone #