

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M03118

**Entity Name:** ORLANDO J. LEON, M.D., P.A.

**Current Principal Place of Business:**

9260 SW 72 STREET  
SUITE 107  
MIAMI, FL 33173

**Current Mailing Address:**

9260 SW 72 STREET  
SUITE 107  
MIAMI, FL 33173 US

**FEI Number:** 59-2435274

**Certificate of Status Desired:** No

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

LEON, ORLANDO J. DR.  
9260 SW 72 STREET  
SUITE 107  
MIAMI, FL 33173 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:** ORLANDO J LEON MD

01/13/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DPTS  
Name LEON, ORLANDO J.  
Address 9260 SW 72 STREET  
SUITE 107  
City-State-Zip: MIAMI FL 33173

*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:** ORLANDO J LEON

PRESIDENT

01/13/2014

Electronic Signature of Signing Officer/Director Detail

Date