

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000151071

**Entity Name:** LEAVENGOOD, DAUVAL & BOYLE, P.A.

**Current Principal Place of Business:**

NORTHEAST PROFESSIONAL CENTER  
3900 FIRST STREET NORTH, SUITE #100  
ST. PETERSBURG, FL 33703

**Current Mailing Address:**

3900 FIRST STREET NORTH  
SUITE 100  
ST. PETERSBURG, FL 33703

**FEI Number:** 20-2036370

**Certificate of Status Desired:** No

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

LEAVENGOOD, IAN R  
3900 FIRST STREET NORTH  
SUITE #100  
ST. PETERSBURG, FL 33703 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 P  
Name LEAVENGOOD, IAN R  
Address 3900 FIRST STREET NORTH  
City-State-Zip: ST. PETERSBURG FL 33703

Title S  
Name DAUVAL, RICHARD M  
Address 3900 FIRST STREET NORTH  
City-State-Zip: ST PETERSBURG FL 33703

Title T  
Name BOYLE, MICHAEL J  
Address 3900 FIRST STREET NORTH  
City-State-Zip: ST PETERSBURG FL 33703

*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:** IAN R LEAVENGOOD

**MANAGER**

**02/08/2019**

Electronic Signature of Signing Officer/Director Detail

Date