

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 519804 (9)

1. Corporation Name

NAPOLEON F. LEANO, M.D., P.A.



Principal Place of Business

1726 KINGSLEY AVENUE, SUITE 305
ORANGE PARK FL 32073

Mailing Address

1726 KINGSLEY AVENUE, SUITE 305
ORANGE PARK FL 32073

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

12/07/1976

3a. Date of Last Report

02/24/1995

4. FEI Number

59-1702823

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEANO, NAPOLEON F.
1726 KINGSLEY AVENUE, SUITE 305
ORANGE PARK FL 32073

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE

Signature typed or printed name of officer, director, or authorized agent

NOTE: Registered Agent signature required when registering.

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

2. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

3. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

4. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

5. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

6. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE ☐ Change ☐ Addition

12. NAME

13. STREET ADDRESS

14. CITY, ST, ZIP

2. 1. TITLE ☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

3. 1. TITLE ☐ Change ☐ Addition

32. NAME

33. STREET ADDRESS

34. CITY, ST, ZIP

4. 1. TITLE ☐ Change ☐ Addition

42. NAME

43. STREET ADDRESS

44. CITY, ST, ZIP

5. 1. TITLE ☐ Change ☐ Addition

52. NAME

53. STREET ADDRESS

54. CITY, ST, ZIP

6. 1. TITLE ☐ Change ☐ Addition

62. NAME

63. STREET ADDRESS

64. CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

N. F. Leano, M.D.

(904)

264-3677

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (12/95)