

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 601242

FILED  
Mar 27, 2009  
Secretary of State

Entity Name: LEONARD TOONKEL, M.D., AND ASSOCIATES P.A.

**Current Principal Place of Business:**

4300 ALTON ROAD  
MIAMI BEACH, FL 331402849 US

**New Principal Place of Business:**

**Current Mailing Address:**

4300 ALTON ROAD  
MIAMI BEACH, FL 331402849 US

**New Mailing Address:**

FEI Number: 59-1266812      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

TOONKEL, LEONARD  
4300 ALTON ROAD  
MIAMI BEACH, FL 33140 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: TOONKEL, LEONARD  
Address: 4300 ALTON ROAD  
City-St-Zip: MIAMI BEACH, FL

Title: VPD ( ) Delete  
Name: BLACH, LAURIE  
Address: 4300 ALTON RD  
City-St-Zip: MIAMI BCH, FL

Title: TD ( ) Delete  
Name: SAMUELS, MICHAEL A  
Address: 4300 ALTON RD  
City-St-Zip: MIAMI BEACH, FL 33140

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: BLACH, LAURIE  
Address: 4300 ALTON RD  
City-St-Zip: MIAMI BEACH, FL

Title: SD (X) Change ( ) Addition  
Name: SAMUELS, MICHAEL A  
Address: 4300 ALTON RD  
City-St-Zip: MIAMI BEACH, FL 33140

Title: TD ( ) Change (X) Addition  
Name: SAMUELS, JUDITH R  
Address: 4300 ALTON RD  
City-St-Zip: MIAMI BEACH, FL 33140

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LEONARD TOONKEL

PD

03/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date