2005 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 03, 2005 08:00 AM **Secretary of State DOCUMENT # 602148** LEONARD C. BASS M.D. P.A. Principal Place of Business Mailing Address 2323 N.W. 19TH STREET 2323 N.W. 19TH STREET FORT LAUDERDALE, FL 33311 FORT LAUDERDALE, FL 33311 01272005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1299927 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BASS,LEONARD C DO NOT WRITE 2323 N.W. 19TH STREET FORT LAUDERDALE, FL 33310 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 Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstalling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PD TITLE BASS, LEONARD C NAME STREET ADDRESS **2323 NW 19TH STREET** U00000249853 CITY-ST-ZIP FORT LAUDERDALE, FL 03/03/05-80018-022 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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LEONARD C. BASS

954-484-958

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Date

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