

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90014 038 ***150.00

DOCUMENT # 604349

1. Entity Name
LESLIE L. MATE, M.D., P.A.



Principal Place of Business Mailing Address
2843 S BAYSHORE DR #310 14-B **2843 S BAYSHORE DR #310 14-B**
MIAMI, FL 33133 US **MIAMI, FL 33133 US**

40114200

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
2843 S. BAYSHORE DR **2843 S. BAYSHORE DR**

Suite, Apt. #, etc. Suite, Apt. #, etc.

14-B **14-B**

City & State City & State

Zip Country Zip Country

05082007 Chg-P CR2E034 (12/06)

4. FEI Number 59-1462460 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATE, LESLIE L
2843 S BAYSHORE DR #310 14-B
MIAMI, FL 33133

Name

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

2843 S. BAYSHORE DR

#14-B

City **MIAMI** FL Zip Code **33133**

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 *Leslie L. Mate*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/10/07

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S** ☐ Delete
NAME **BRADY, ALOYSIUS**
STREET ADDRESS **10105 SUNSET DR**
CITY-ST-ZIP **MIAMI, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PTD** ☐ Delete
NAME **MATE, LESLIE L**
STREET ADDRESS **2843 S BAYSHORE DR #310 14-B**
CITY-ST-ZIP **MIAMI, FL 33133**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Leslie L. Mate*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/07 **305-978-7229**

Date Daytime Phone #