

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 604349

FILED
Jan 04, 2008
Secretary of State

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

Current Principal Place of Business:

2843 S BAYSHORE DR.
14-B
MIAMI, FL 33133 US

New Principal Place of Business:

Current Mailing Address:

2843 S BAYSHORE DR.
14-B
MIAMI, FL 33133 US

New Mailing Address:

FEI Number: 59-1462460 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATE, LESLIE L
2843 S BAYSHORE DR.
14-B
MIAMI, FL 33133 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: S () Delete
Name: BRADY, ALOYSIUS
Address: 10105 SUNSET DR
City-St-Zip: MIAMI, FL US

Title: PTD () Delete
Name: MATE, LESLIE L
Address: 2843 S BAYSHORE DR. 14-B
City-St-Zip: MIAMI, FL 33133 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: LESLIE L MATE MD

PRES

01/04/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date