

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

58 MAY -1 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **605061** (1)

1. Corporation Name

OCTAVIO LEON & ASSOCIATES, M.D.'S, P.A.

Principal Place of Business

618 E. OCEAN BLVD. SUITE 4
STUART FL 34994

Mailing Address

618 E. OCEAN BLVD. SUITE 4
STUART FL 34994

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/05/1974** 3a. Date of Last Report: **01/25/1994**

4. FEI Number: **59-1509397** Applied For: Not Applicable:

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

6. Election Campaign Financing: \$5.00 May Be Added to Fees

7. This corporation has not any foreign subsidiaries under 6000000 Florida Statutes: Yes No

2. Principal Place of Business

21. Suite, Apt. # etc.

22. City & State

23. Zip

25. Mailing Address

26. Suite, Apt. # etc.

27. City & State

28. Zip

24. City & State

25. Zip

29. City & State

30. Zip

9. Name and Address of Current Registered Agent

LEON, OCTAVIO, M.D.
618 E. OCEAN BLVD, SUITE 3
STUART FL 33494

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code

FL

11. Pursuant to the provisions of Sections 607.050(1) and 607.1908 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 Sections 607.050 Florida Statutes.

SIGNATURE

Signature of the New Agent (Proprietor, Partner, Officer, Director)

Signature of Registered Agent (Proprietor, Partner, Officer, Director)

DATE

12. OFFICERS (By Address) (SEE INSTRUCTIONS)

13. ADVERTISERS (Name and Address) (SEE INSTRUCTIONS)

OFFICER	PD LEON, OCTAVIO, M.D. 618 E. OCEAN BLVD STE 6 STUART FL
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
OFFICER	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
OFFICER	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
OFFICER	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
OFFICER	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

ADVERTISER		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
ADVERTISER		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
ADVERTISER		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
ADVERTISER		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and true, and that I am not a director, officer, or shareholder of the corporation. I further certify that the information included on this 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 power or trustee empowered to make this report as required by Chapter 607 Florida Statutes, and that my name appears on Block 12 or Block 13 of this report as an attachment with an address.

SIGNATURE:

[Handwritten Signature]

SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/95