

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # 609243

(1)

1. Corporation Name

LEON & MARTINEZ, M.D.'S, P.A.



Principal Place of Business

**4129 N. ARMENIA AVE.
TAMPA FL 33607**

Mailing Address

**4129 N. ARMENIA AVE.
TAMPA FL 33607**

2. Principal Place of Business

21 Sub: Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Sub: Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified
02/01/1979

3a. Date of Last Report
01/18/1995

4. FEI Number
59-1896584

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**HINES, JAMES P.
315 HYDE PARK AVE.
TAMPA FL 33606**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person authorized to file this report on behalf of the corporation

(NOTE: Registered Agent's signature is required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DP LEON, HERNAN**
STREET ADDRESS **4129 N. ARMENIA AVE.**
CITY-STATE-ZIP **TAMPA FL**

TITLE ☐ DELETE
NAME **S LEON, ESPERANZA**
STREET ADDRESS **4129 N. ARMENIA AVE.**
CITY-STATE-ZIP **TAMPA FL**

TITLE ☐ DELETE
NAME **DV MARTINEZ, LUCIANO A, JR**
STREET ADDRESS **4129 N ARMENIA AVE**
CITY-STATE-ZIP **TAMPA, FL 00000**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HERNAN LEON, M.D. 2/7/97 813-870-3342

CR2E034 (12/95)