


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 634526</b> 1. Entity Name <b>JULIAN C. LEICHTER, D.M.D., P.A.</b>	
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Principal Place of Business <b>7000 W CAMINO REAL #120 CAMINO REAL CENTRE BOCA RATON FL 33433</b>	Mailing Address <b>7000 W CAMINO REAL #120 CAMINO REAL CENTRE BOCA RATON FL 33433</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/07)

4. FEI Number <b>59-1934064</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

<b>LEICHTER, JULIAN C 4095 NW 24TH WAY BOCA RATON FL 33431</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State <b>FL</b> Zip Code

**7. Name and Address of New Registered Agent**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
State	Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_

(NOTE: Registered Agent's signature required when forming or changing agent)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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**10. OFFICERS AND DIRECTORS**

TITLE	NAME	<input type="checkbox"/> Delete
DR	LEICHTER, JULIAN C	<input type="checkbox"/>
STREET ADDRESS	4095 NW 24TH WAY	
CITY- ST- ZIP	BOCA RATON FL 33431	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	STREET ADDRESS	
CITY- ST- ZIP	CITY- ST- ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	STREET ADDRESS	
CITY- ST- ZIP	CITY- ST- ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	STREET ADDRESS	
CITY- ST- ZIP	CITY- ST- ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	STREET ADDRESS	
CITY- ST- ZIP	CITY- ST- ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 the document with an address, with all other like empowered.

**SIGNATURE**  \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/08 59-1934064-1800