

FILED
May 11, 2000 8:00 am
Secretary of State
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FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

UNIFORM BUSINESS REPORT 2000		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 686331 (0)		
1. Corporation Name LEONILA J. LLANERA, M.D., P.A.		

655680


Principal Place of Business 4300 BAYOU BLVD STE 9 PENSACOLA FL 32503	Mailing Address 4300 BAYOU BLVD STE 9 PENSACOLA FL 32503
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/03/1980	
4. FEI Number 59-2022936	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 owes or has paid the current year intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

9. Name and Address of Current Registered Agent LLANERA, CESAR L MD 4300 BAYOU BLVD STE 9 PENSACOLA FL 32503	
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10. Name and Address of New Registered Agent	
61 Name	
62 Street Address (P.O. Box Number is Not Acceptable)	
63	
64 City	65 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 _____ DATE _____
Signature typed or printed name of officer or director (NOT: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	VD
NAME	LLANERA, CESAR L JR
STREET ADDRESS	4300 BAYOU BLVD STE 9
CITY-ST-ZIP	PENSACOLA FL 32503
TITLE	PO
NAME	LLANERA, LEONILA J
STREET ADDRESS	4300 BAYOU BLVD STE 9
CITY-ST-ZIP	PENSACOLA FL 32503
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-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-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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 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:  4/27/00 877-477-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0508231

CR2E034 (10/97)