

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 698189

1. Entity Name

LEONARD A. ROUDNER, M.D., F.A.C.S., P.A.



Principal Place of Business

550 BILTMORE WAY STE 890
CORAL GABLES, FL 33134

Mailing Address

550 BILTMORE WAY STE 890
CORAL GABLES, FL 33134

FILED

05 JAN 10 PM 5:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01042005 No Chg-P CR2E034 (10/03)

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4. FEI Number

59-2123035

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROUDNER, LEONARD A., MD
550 BILTMORE WAY, SUITE #890
CORAL GABLES, FL 33134

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DP
ROUDNER, LEONARD A MD
2649 S BAYSHORE DR 1901
MIAMI, FL 00000,

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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100045623761
01/31/05--01009--006 **150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 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 an attachment to an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Leonard A. Roudner, M.D.

1/5/05
Date

305-444-8585
Daytime Phone #