2005 FOR PROFIT CORPORATION ANNUAL REPORT

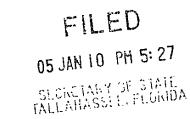
DOCUMENT # 698189 1. Entity Name LEONARD A. ROUDNER, M.D., F.A.C.S., P.A.

Principal Place of Business

550 BILTMORE WAY STE 890 CORAL GABLES, FL 33134

Mailing Address

550 BILTMORE WAY STE 890 CORAL GABLES, FL 33134





DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01042005 No Chg-P CR2E034 (10/03)

Not Applicable

59-2123035

4. FEI Number

\$8.75 Additional

5. Certificate of Status Desired

Fee Required

ROUDNER, LEONARD A., MD DO NOT WRITE 550 BILTMORE WAY, SUITE #890 CORAL GABLES, FL 33134 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, a	and accept
	the obligations of registered agent				

(NOTE: Registered Agent signature required when reinstating)

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

SIGNATURE

10.

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\$5.00 May Be Added to Fees

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.

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

OFFICERS AND DIRECTORS

100045623761 01/31/05--01009--006 **150,00

DO NOT WRITE IN THIS SPACE

TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

he and typed on printed name of signing eonard A. Roudner.