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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F08426

1. Corporation Name

JORGE J. LEAL, M.D., P.A.

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90298 026 ***150.00



Principal Place of Business Mailing Address 825 N. COURTENAY PKWY. 825 N. COURTENAY PKWY. MERRITT ISLAND FL 32953 MERRITT ISLAND FL 32953 DO NOT WRITE IN THIS SPACE 3. Date I rcorporated or Qualifed 12/01/1980 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 59-2045250 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & 5 tate City & State 6. Election Campaign Financing \$5.00 May Be П Added to Fees Trust Fund Contribution 28 23 Country 8. This corporation owes the current year Intangible Country Zip Zip 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent LEAL, JORGE J., P.A. Street Address (P.O. Box Number is Not Acceptable) 825 N.COURTENAY MERRITT ISLAND FL 32952 83 85 Zip Code 84 City 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 Signature, typed or printed name of registered agen; and title if applicable. (NOTE. Registered Agent signature req ured when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE ☐ Change ☐ Addition 1.1 TITLE **PST** TITLE LEAL, JORGE J. 12 NAME NAME 825 N.COURTENAY 13 STREET ADDRESS STREET ADDRESS MERRITT ISLAND FL 1.4 CITY-ST-ZIP CITY-ST-ZIF Addition DELETE 2.1 TITLE Change TITLE LEAL, JORGE J. 2.2 NAME NAME 825 N.COURTENAY 2.3 STREET ADDRESS STREET ADDRESS MERRITT ISLAND FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE TITLE 3.1 TITLE 3.2 NAME NAME

33 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP ☐ Addition ☐ DELETE ☐ Change 4.1 TITLE TITLE 4. 2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition 6.1 TITLE ☐ Change □ DELETE TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

CITY-ST-ZIP 14. I hereby certify that the informa ion 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 receive or trustee empowered to exacute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attactive with an address with all other like empowered.

SIGNING OFFICE OR DIRECTOR

(11/98)CR2E034