


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 31, 2004 08:00 AM
Secretary of State

| | | |
|--|--|---|
| DOCUMENT # F29609 | |  |
| 1. Entity Name LEONIDAS AHUMADA, M.D., P.A. | | |

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|--|--|
| Principal Place of Business 6547 S.W. 24 STREET MIAMI FL 33155 US | Mailing Address 13245 S.W. 86 TERR. MIAMI FL 33183 |
|--|--|

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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



MOORE CR2E034 (11/03)

| | | |
|--|--|--|
| 4. FEI Number 59-2092575 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent AHUMADA, LEONIDAS M.D. 6547 SW 24TH STREET MIAMI FL 33155 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____
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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PS AHUMADA, LEONIDAS 13245 SW 86TH TERRACE MIAMI FL 33183 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition U00000023910 02/02/04-80044-025 150.00 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/2004
Date Daytime Phone #