

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90100 022 ***150.00

DOCUMENT # F33022

1. Entity Name

LEONARD SMITH, M.D., P.A.

Principal Place of Business

% LEONARD SMITH, M.D.
STE 202, 720 SW 2ND AVENUE
GAINESVILLE FL 32601

Mailing Address

% LEONARD SMITH, M.D.
STE 202, 720 SW 2ND AVENUE
GAINESVILLE FL 32601

2. Principal Place of Business

1630 NW 51st Terr

3. Mailing Address

PO BOX 147050 #512

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville FL

City & State

Gainesville FL

Zip

32605

Country

USA

Zip

32614-7050

Country

USA

4. FEI Number

59-2074251

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SMITH, LEONARD, M.D.
STE 202, 720 SW 2ND AVENUE
GAINESVILLE FL 32601**

*Change of
Address only*

7. Name and Address of New Registered Agent

Name **Smith, Leonard M.D.**

Street Address (P.O. Box Number is Not Acceptable)
1630 NW 51st Terr

City **Gainesville**

FL

Zip Code
32605

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **DPS** ☐ Delete
NAME **SMITH, LEONARD MD**
STREET ADDRESS **720 S W 2ND AVE 202**
CITY-ST-ZIP **GAINESVILLE, FL 00000**

TITLE **T** ☐ Delete
NAME **SMITH, LEONARD MD**
STREET ADDRESS **720 S W 2ND AVE 202**
CITY-ST-ZIP **GAINESVILLE, FL 00000**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1630 NW 51st Terr**
CITY-ST-ZIP **Gainesville, FL 32605**

TITLE ☒ Change ☐ Addition
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STREET ADDRESS **1630 NW 51st Terr**
CITY-ST-ZIP **Gainesville, FL 32605**

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 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

3/7/01

Date

352-375-1175

Daytime Phone #

CR2E034 (10/00)