


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2005 08:00 AM
Secretary of State

DOCUMENT # F33022 1. Entity Name LEONARD SMITH, M.D., P.A.	
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Principal Place of Business 1630 NORTHWEST 51ST TERRACE GAINESVILLE, FL 32605	Mailing Address PO BOX 147050 #512 GAINESVILLE, FL 32614-7050
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DO NOT WRITE IN THIS SPACE



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2074251	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SMITH, LEONARD, M.D. 1630 NORTHWEST 51ST TERRACE GAINESVILLE, FL 32605	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS SMITH, LEONARD MD 1630 NORTHWEST 51ST TERRACE GAINESVILLE, FL 32605
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03/11/05-80034-025 150.00

**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 with an address, with another like empowered.

SIGNATURE: <i>X</i> <i>Leonard Smith MD</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>3/9/05</i> <small>Date</small>	<i>352-258-0177</i> <small>Daytime Phone #</small>
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