2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2011
Secretary of State

DOCUMENT# F36992

Entity Name: FRANK H. LEIVA, M.D., P.A.

Current Principal Place of Business:

5979 VINELAND RD
STE 206
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

5979 VINELAND RD
STE 206
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 59-2092242 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEIVA, FRANK H MD
5979 VINELAND RD
STE 206
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PST
Name: LEIVA, FRANK H MD
Address: 5855 OXFORD MOOR BLVD.
City-St-Zip: WINDERMERE, FL 34786

Title: D
Name: LEIVA, FRANK H MD
Address: 5855 OXFORD MOOR BLVD.
City-St-Zip: WINDERMERE, FL 34786

Title: VP
Name: RODRIGUEZ, MERCEDES MD
Address: 5855 OXFORD MOOR BLVD.
City-St-Zip: WINDERMERE, FL 34786 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FRANK H. LEIVA P 01/21/2011

Electronic Signature of Signing Officer or Director — Date