


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # G50301**  
 1. Entity Name  
**LENARD H. GORMAN, P.A.**



Principal Place of Business      Mailing Address  
 1320 SOUTH DIXIE HWY.      1320 SOUTH DIXIE HWY.  
 1275      1275  
 CORAL GABLES, FL 33146 US      CORAL GABLES, FL 33146 US

**DO NOT WRITE IN THIS SPACE**



04062005    No Chg-P    CR2E034 (10/03)

4. FEI Number 59-2311511	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 GORMAN, LENARD H.  
 13700 SW 103RD AVE.  
 MIAMI, FL 33176

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDTS GORMAN, LENARD H 13700 SW 103RD AVE MIAMI, FL 00000,
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1000000321005  
 04/21/05-80061-010 150.00

**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)(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: LENARD H GORMAN      4/18/05      (305) 688 8288  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #