


2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-29-2005 90002 018 ****150.00
H96307

DOCUMENT # H96307
1. Entity Name
LEONARD S. LEBOW, M.D., P.A.



Principal Place of Business % JAMES B. DAVIS 7800 W OAKLAND PARK BLVD SUITE 211 SUNRISE, FL 33351-6757 US	Mailing Address % JAMES B. DAVIS 7800 W OAKLAND PARK BLVD SUITE 211 SUNRISE, FL 33351-6757 US
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05 JUL 20 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
90002020



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66232005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2670623	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LEBOW, LEONARD S.
7800 W.OAKLAND PK.BLVD.
SUNRISE, FL 33351

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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST LEBOW, LEONARD S. 7800 W OAKLAND PARK BLVD SUNRISE, FL
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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)(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 all other like empowered.

SIGNATURE: Leonard S. Lebow M.D. **6-24-05 (954) 748-4433**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #