


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 08:00 A**  
**Secretary of State**

**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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**DO NOT WRITE IN THIS SPACE**



01202008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2670623	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

**DO NOT WRITE IN THIS SPACE**

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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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	PST LEBOW, LEONARD S. 7800 W OAKLAND PARK BLVD SUNRISE, FL
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 03/26/08-80061-007 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. Date: 3-6-08 Daytime Phone #: (954) 748-4433