

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J38128

Entity Name: SNYDER AND LE, M.D., P.A.

FILED
Jan 15, 2008
Secretary of State

Current Principal Place of Business:

603 N FLAMINGO RD #350
PEMBROKE PINES, FL 32028

New Principal Place of Business:

603 N FLAMINGO RD
SUITE 350
PEMBROKE PINES, FL 33028 US

Current Mailing Address:

603 N FLAMINGO RD #350
PEMBROKE PINES, FL 32028

New Mailing Address:

603 N FLAMINGO RD
SUITE 350
PEMBROKE PINES, FL 33028 US

FEI Number: 59-2731319

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SNYDER, ROBERT A
603 N FLAMINGO RD #350
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

SNYDER, ROBERT A
603 N FLAMINGO RD
SUITE 350
PEMBROKE PINES, FL 33028 US

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:

01/15/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SNYDER, ROBERT A.,
Address: 601 N. FLAMINGO RD., SUITE 206
City-St-Zip: PEMBROKE PINES, FL 33028

Title: DV () Delete
Name: LE, PHI VAN
Address: 601 N. FLAMINGO RD., STE 206
City-St-Zip: PEMBROKE PINES, FL

Title: DS () Delete
Name: LE, QUANG
Address: 603 N FLAMINGO RD #350
City-St-Zip: PEMBROKE PINES, FL 32028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SNYDER, ROBERT A.,
Address: 603 N. FLAMINGO RD., SUITE 350
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: DV (X) Change () Addition
Name: LE, PHI VAN T
Address: 6013 N. FLAMINGO RD., SUITE 350
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: DS (X) Change () Addition
Name: LE, QUANG T
Address: 603 N FLAMINGO RD., SUITE 350
City-St-Zip: PEMBROKE PINES, FL 33028 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT A. SNYDER

DP

01/15/2008

Electronic Signature of Signing Officer or Director

Date