

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 29, 2008 08:00 A
Secretary of State

DOCUMENT # K47992			
1. Entity Name LEONARD Y. COSMO, M.D., P.A.			
Principal Place of Business C/O LEONARD Y. COSMO 2919 SWANN AVE. #202 TAMPA, FL 33609		Mailing Address C/O LEONARD Y. COSMO 2919 SWANN AVE. #202 TAMPA, FL 33609	
DO NOT WRITE IN THIS SPACE		 01312008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2909674	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COSMO, LEONARD Y. 2919 SWANN AVENUE TAMPA, FL 33609		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		000000843605 03/12/08-80002-008 150.00	
10. OFFICERS AND DIRECTORS			
TITLE	D	DO NOT WRITE IN THIS SPACE	
NAME	COSMO, LEONARD Y.		
STREET ADDRESS	2919 SWANN AVE.		
CITY - ST - ZIP	TAMPA, FL		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
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: _____		2/25/08 (813) 879-7726	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	