2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2005
Secretary of State

DOCUMENT# L02000017907

Entity Name: ELISE R. LEONARD, M.D., L.L.C.

Current Principal Place of Business:

8890 W. OAKLAND PARK BLVD., STE. 300
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

8890 W. OAKLAND PARK BLVD., STE. 300
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 04-3703555 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEONARD, ELISE R M.D.
8890 W. OAKLAND PARK BLVD., STE. 300
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: LEONARD, ELISE R
Address: 10909 NW 5CT
City-St-Zip: POMPANO BEACH, FL 33071

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: LEONARD, ELISE R
Address: 6157 NW 124 DR
City-St-Zip: CORAL SPRINGS, FL 33076

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ELISE R. LEONARD, M.D. MGRM 03/21/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date