

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2007 08:00 A
Secretary of State

DOCUMENT # L46462

1. Entity Name
LEON HENDLEY, M.D., P.A.



Principal Place of Business % LEON HENDLEY 1300 36TH ST., STE. B & C VERO BEACH, FL 32960 US	Mailing Address 1300 36TH STREET 1C VERO BEACH, FL 32960 US
---	--



05012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0168046	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

HENDLEY, ROBERT I
1300 36TH ST
1C
VERO BEACH, FL 32960

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, 2007 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	D HENDLEY, LEON 1300 36TH ST. STE 1C VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HENDLEY, ROBERT III 1300 36TH ST. STE 1C VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HENDLEY, CASSANDRA A 1300 36TH ST STE 1C VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HENDLEY, LAJUNE 1300 36TH ST. STE 1C VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000760416
05/25/07-80011-009 150.00

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: Cassandra A. Hendley / Cassandra A. Hendley 5/1/07 772-7704911

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