

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L46462

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

FILED
Jan 25, 2009
Secretary of State

Current Principal Place of Business:

% LEON HENDLEY
1300 36TH ST., STE. B & C
VERO BEACH, FL 32960 US

Current Mailing Address:

1300 36TH STREET
1C
VERO BEACH, FL 32960 US

FEI Number: 65-0168046

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENDLEY, LEON
1300 36TH ST
1C
VERO BEACH, FL 32960 US

New Principal Place of Business:

% LHMDPA DBA CARDIOLOGY ASSOCIATES
1300 36TH ST., STE. 1C
VERO BEACH, FL 32960 US

New Mailing Address:

% LHMDPA DBA CARDIOLOGY ASSOCIATES
1300 36TH ST., STE. 1C
VERO BEACH, FL 32960 US

Name and Address of New Registered Agent:

HENDLEY, LEON MD
1300 36TH ST
1C
VERO BEACH, FL 32960 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: CASSANDRA A HENDLEY

01/25/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HENDLEY, LEON,
Address: 1300 36TH ST. STE 1C
City-St-Zip: VERO BEACH, FL 32960

Title: V () Delete
Name: HENDLEY, ROBERT III
Address: 1300 36TH ST. STE 1C
City-St-Zip: VERO BEACH, FL 32960

Title: T () Delete
Name: HENDLEY, CASSANDRA A
Address: 1300 36TH ST STE 1C
City-St-Zip: VERO BEACH, FL 32960

Title: S () Delete
Name: HENDLEY, LAJUNE
Address: 1300 36TH ST. STE 1C
City-St-Zip: VERO BEACH, FL 32960

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HENDLEY, LEON MD
Address: 1300 36TH ST. STE 1C
City-St-Zip: VERO BEACH, FL 32960

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CASSANDRA A HENDLEY

T

01/25/2009

Electronic Signature of Signing Officer or Director

Date