

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L46462

FILED
Feb 22, 2011
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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 MD
1300 36TH ST
1C
VERO BEACH, FL 32960 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

OFFICERS AND DIRECTORS:

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: CASSANDRA A HENDLEY

T

02/22/2011

Electronic Signature of Signing Officer or Director

Date