


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 06, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M15639</b>		
1. Entity Name LEON F. HIRZEL, III, M.D., P.A.		
Principal Place of Business 330 S.W. 27TH AVE. SUITE 503 MIAMI, FL 33135	Mailing Address 330 S.W. 27TH AVE. SUITE 503 MIAMI, FL 33135	
<b>DO NOT WRITE IN THIS SPACE</b>		



04302004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2541221	Applied For Not Applied
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  HIRZEL, LEON F III 330 SW 27 AVE S 503 MIAMI, FL 33135
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000157667  
05/06/04-80036-014 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HIRZEL, LEON F., III 330 S.W. 27TH AVE. STE. 503 MIAMI, FL 33135
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 changed, or on an attachment with an address, with any other like empowered.

SIGNATURE: *[Signature]* OFFICER 4/26/04 (305) 692-1401