

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2005 08:00 AM
Secretary of State

DOCUMENT # M21307

1. Entity Name
DELEEUW'S FAMILY CLINIC, INC.



Principal Place of Business

599 S. FEDERAL HWY.
DANIA, FL 33004 US

Mailing Address

599 S. FEDERAL HWY.
DANIA, FL 33004 US



02032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2604807

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

YABLIN, ARNOLD
699 S. FEDERAL HWY.
HOLLYWOOD, FL 33020

**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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000221160
02/09/05-80018-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DE LEEUW, JOSEPH
STREET ADDRESS	599 S. FEDERAL HWY.
CITY - ST - ZIP	DANIA, FL
TITLE	P
NAME	FOWLER, CHRISTINE
STREET ADDRESS	599 S. FEDERAL HWY
CITY - ST - ZIP	DANIA, FL 33004
TITLE	VP
NAME	GORDON, SALLY
STREET ADDRESS	599 S. FEDERAL HWY
CITY - ST - ZIP	DANIA, FL 33004
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000221160
02/09/05-80018-018 8.75

**DO NOT WRITE
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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christine Fowler 2/4/05 (934)920-4911