

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90170 038 ***150.00

DOCUMENT # M35675

1. Entity Name
LEON MEDICAL CENTERS, INC.



Principal Place of Business

101 SW 27TH AVENUE
MIAMI, FL 33135 US

Mailing Address

101 SW 27TH AVENUE
MIAMI, FL 33135 US

2. Principal Place of Business

11501 SW 40 Street

Suite, Apt. #, etc

3. Mailing Address

11501 SW 40 Street

Suite, Apt. #, etc



01262005

Chg-P

CR2E034 (10/03)

City & State

Miami, FLORIDA

City & State

Miami, FLORIDA

4. FEI Number

65-0552951

Applied For

Not Applicable

Zip

33165

Country

U.S.A.

Zip

33165

Country

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EISEMAN, STUART
35 SW 27 AVENUE
STE 810
MIAMI, FL 33135

7. Name and Address of New Registered Agent

Name

Maurry, Albert R.

Street Address (P.O. Box Number is Not Acceptable)

11501 SW 40 Street

City

Miami

FL

Zip Code

33165

8. The above named entity subscribes to 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

Albert Maurry
Signature typed or printed name of registered agent and title (Signature required when reinstating)

02/24/05

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

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	LEON, BENJAMIN, JR.	
STREET ADDRESS	101 SW 27 AVENUE	
CITY - ST - ZIP	MIAMI, FL 33175	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leon, Benjamin, Jr.	
STREET ADDRESS	11501 SW 40 Street	
CITY - ST - ZIP	Miami, FL 33165	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 11 if changed, or on an attachment with an address, with all other like empowerment.

SIGNATURE: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Benjamin Leon, Jr.

02/24/05

(305)642-5366