

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90045 040 ***150.00

DOCUMENT # M35675

1. Entity Name
LEON MEDICAL CENTERS, INC.



Principal Place of Business

**11501 SW 40 STREET
2ND FLOOR
MIAMI, FL 33165 US**

Mailing Address

**11501 SW 40 STREET
2ND FLOOR
MIAMI, FL 33165 US**

40096261



04232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0552951

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MAURY, ALBERT R
11501 SW 40 STREET
2ND FLOOR
MIAMI, FL 33165**

**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, 2007 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD-C
LEON, BENJAMIN JR.
11501 SW 40 STREET 2ND FLOOR
MIAMI, FL 33165

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Leon, Benjamin III
11501 SW 40 Street
Miami, FL 33165

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
Maury, Albert
11501 SW 40 Street
Miami, FL 33165

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
Leon, Lourdes
11501 SW 40 Street
Miami, FL 33165

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
Leon, Silvia
11501 SW 40 Street
Miami, FL 33165

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

4-30-07

Date

305-644-2135

Daytime Phone #