2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 17, 2009
Secretary of State

DOCUMENT# M35675

Entity Name: LEON MEDICAL CENTERS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0552951 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOONDEL, MARK S
11501 SW 40 STREET
2ND FLOOR
MIAMI, FL 33165 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: C ( ) Delete
Name: LEON, BENJAMIN JR.
Address: 11501 SW 40 STREET 2ND FLOOR
City-St-Zip: MIAMI, FL 33165

Title: P ( ) Delete
Name: LEON, BENJAMIN III
Address: 11501 SW 40 STREET
City-St-Zip: MIAMI, FL 33165

Title: S ( ) Delete
Name: LEON, LOURDES
Address: 11501 SW 40 STREET
City-St-Zip: MIAMI, FL 33165

Title: T ( ) Delete
Name: LEON, SILVIA
Address: 11501 SW 40 STREET
City-St-Zip: MIAMI, FL 33165

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: MAURY, ALBERT R
Address: 11501 SW 40TH STREET
City-St-Zip: MIAMI, FL 33165

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BENJAMIN LEON JR C 07/17/2009

Electronic Signature of Signing Officer or Director — Date