2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2011
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
Name: LEON, BENJAMIN JR.
Address: 11501 SW 40 STREET 2ND FLOOR
City-St-Zip: MIAMI, FL 33165

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: BENJAMIN LEON JR. C 03/01/2011

Electronic Signature of Signing Officer or Director Date