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Jan 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M58064 (0)

1. Corporation Name
WILLIAM A. LEONE, M.D., P.A.

Principal Place of Business

% WILLIAM A. LEONE
2125 BISCAYNE BLVD., SUITE 580
MIAMI FL 33137

Mailing Address

% WILLIAM A. LEONE
2125 BISCAYNE BLVD., SUITE 580
MIAMI FL 33137-5029

3. Date Incorporated or Qualified
08/26/1987

3a. Date of Last Report
01/23/1996

2. Principal Place of Business

21 5990 S.W. 129 Terrace
Suite, Apt. #, etc.

2a. Mailing Address

26 5990 S.W. 129 Terrace
Suite, Apt. #, etc.

4. FEI Number
59-2838655

Applied For
Not Applicable

22 City & State
23 Miami, Florida

24 Zip 33156 Country

27 City & State
28 Miami, Florida 33156

29 Zip 33156 Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LEONE, WILLIAM A.
2125 BISCAYNE BLVD, STE 5880
MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name
LEONE, WILLIAM A.
82 Street Address (P.O. Box Number is Not Acceptable)
5990 S.W. 129 Terrace
83
84 City
Miami FL 85 Zip Code
33156

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE William A. Leone M.D.
Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

1/9/97
DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LEONE, WILLIAM A.	
STREET ADDRESS	2125 BISCAYNE BLVD #580	
CITY-ST-ZIP	MIAMI FL	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LEONE, WILLIAM A.	
1.3 STREET ADDRESS	5990 S.W. 129 Terrace	
1.4 CITY-ST-ZIP	Miami, FL 33156	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William A. Leone M.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William A. Leone, M.D. 1/9/97 305-661-6591

Date Daytime Phone #

0186995

CR2E034 (9/96)