


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90078 050 ***150.00

DOCUMENT # P01000033001 1. Entity Name JAMES WAYNE LEONARD, D.M.D., P.A.	
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Principal Place of Business 563 N. UNIVERSITY BLVD. JACKSONVILLE, FL 32211	Mailing Address 563 N. UNIVERSITY BLVD. JACKSONVILLE, FL 32211
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DO NOT WRITE IN THIS SPACE

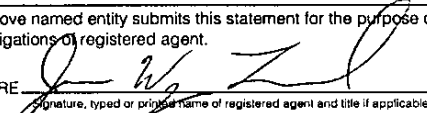


01262006 No Chg-P CR2E034 (11/05)

4. FEI Number 69-0008635	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LEONARD, JAMES W PRES 563 N. UNIVERSITY BLVD JACKSONVILLE, FL 32211	DO NOT WRITE IN THIS SPACE
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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.

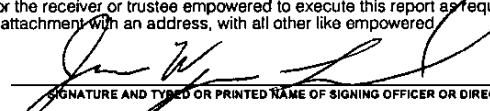
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE **1-30-06**

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES LEONARD, JAMES W 8042 LAKECREST DR. JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEONARD, ILIANA T 8042 LAKECREST DR. JACKSONVILLE, FL 32256
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**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:  DATE **1-30-06** DAYTIME PHONE # **904-724-7190**