

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000033001

FILED
Apr 09, 2012
Secretary of State

Entity Name: JAMES WAYNE LEONARD, D.M.D., P.A.

Current Principal Place of Business:

563 N. UNIVERSITY BLVD.
JACKSONVILLE, FL 32211

New Principal Place of Business:

563 UNIVERSITY BLVD. N.
JACKSONVILLE, FL 32211

Current Mailing Address:

563 N. UNIVERSITY BLVD.
JACKSONVILLE, FL 32211

New Mailing Address:

8042 LAKE CREST DRIVE
JACKSONVILLE, FL 32256

FEI Number: 26-0056816

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEONARD, JAMES W PRES
563 N. UNIVERSITY BLVD
JACKSONVILLE, FL 32211 US

Name and Address of New Registered Agent:

LEONARD, JAMES W PRES
8042 LAKE CREST DRIVE
JACKSONVILLE, FL 32256 US

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: JAMES W. LEONARD

04/09/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: LEONARD, JAMES W
Address: 8042 LAKECREST DR.
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: VP
Name: LEONARD, ILIANA T
Address: 8042 LAKECREST DR.
City-St-Zip: JACKSONVILLE, FL 32256 US

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: JAMES W. LEONARD

PRES

04/09/2012

Electronic Signature of Signing Officer or Director

Date