


FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90194 044 ***150.00

MPA 44

DOCUMENT # P01000033001

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



Secretary of State
04-16-2003 90194 044 ***150.00

Principal Place of Business
563 N. UNIVERSITY BLVD.
JACKSONVILLE FL 32211

Mailing Address
563 N. UNIVERSITY BLVD.
JACKSONVILLE FL 32211

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
69-0008635

Applied For
Not Applicable

5. Certificate of Status Desired

8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 J. Wayne Leonard 4/15/03
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
PRES
LEONARD, JAMES W
STREET ADDRESS
8507 WALDEN GLEN DRIVE
CITY-ST-ZIP
JACKSONVILLE FL 32256

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
VP
LEONARD, ILIANA T
STREET ADDRESS
8507 WALDEN GLEN DRIVE
CITY-ST-ZIP
JACKSONVILLE FL 32256

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. I 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 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: J. Wayne Leonard 4/15/03 (904) 724-7190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #