2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT # P0100033001

1. Entity Name

JAMES WAYNE LEONARD, D.M.D., P.A.



FILED Apr 16, 2003 8:00 am 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		-	1) (40 fil) (40 fil 0 fil) (fil) (60)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 69-0008635	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered		
-		And the second of the second o	Name			
LEONARD, JAMES W PRES			Chrosa Addres /	Street Address (P.O. Box Number is Not Acceptable)		
563 N. UI	NIVERSITY BLVD		Street Address ((P.O. Box Number is Not Acceptable)		
JACKSONVILLE FL 32211						
			City	FL	Zip Code	
8. The above	named entity submits this statement for	or the purpose of changing its reg	gistered office or register	red agent, or both, in the State of Florida. I am	familiar with, and accept	
	(-71/	(J. Wine)	./	41,0	/2	
SIGNATURE	Sphature, typed or printed name of registered agent		edistered Agent signature required	Twhen reinstating)		
<u>1</u>		The mental production (1012.11)	January John Orginals - John Co	S WIGHT OF STATE OF S		
FILE NOW!!! FEE IS \$150.00				9. Election Campaign Financing	\$5.00 May Be	
	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	f State		Trust Fund Contribution.		
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11	
TITLE	PRES	☐ Delete	TITLE	ADDITIONS/OF ANGES TO OFFICERS AND	Change Addition	
NAME	LEONARD, JAMES W		NAME		C onlings C Addition	
STREET ADDRESS	8507 WALDEN GLEN DRIVE		STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32256		CITY-ST-ZIP			
TITLE	VP	□ Delete	TITLE		☐ Change ☐ Addition	
NAME	LEONARD, ILIANA T	3 00000	NAME		J 6.1	
STREET ADDRESS	8507 WALDEN GLEN DRIVE		STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32256		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME]		NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP		· The same of the	_CITY-ST-ZIP	we were the second of the seco		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME			NAME			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
			—			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS		1	
CITY-ST-ZIP			CITY-ST-ZIP			
		T Polisia			Change Maddition	
TITLE NAME		☐ Delete	TITLE NAME	•	Change Addition	
STREET ADDRESS	•		NAME STREET ADDRESS			

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leonard

4/15/03

(904) 724-71,

Daytime Phone #

3. P. SE 0.34 (10/02)