

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90045 038 ***150.00

DOCUMENT # P01000062567 1. Entity Name LEON MEDICAL SERVICES, INC.	
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Principal Place of Business 11501 SW 40 STREET 2ND FLOOR MIAMI, FL 33165	Mailing Address 11501 SW 40 STREET 2ND FLOOR MIAMI, FL 33165
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DO NOT WRITE IN THIS SPACE



04232007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1129595	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MAURY, ALBERT R 11501 SW 40 STREET 2ND FLOOR MIAMI, FL 33165	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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	B-C LEON, BENJAMIN JR. 11501 SW 40 STREET 2ND FLOOR MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Leon, Benjamin III 11501 SW 40 St. Miami, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Maury, Albert 11501 SW 40 St Miami, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Leon, Lourdes 11501 SW 40 St Miami, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Leon, Silvia 11501 SW 40 St. Miami, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: *Albert Maury* **4-30-07** **305-644-2135**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #