2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-05-2004 90003 029 ***141.25
02-10-2004 90033 050 *****8.75

MOORE CR2E034 (11/03)

DOCUMENT # P02000015375

1. Entity Name
LEAH'S MEDICAL SERVICES, INC.

Principal Place of Business	Mailing Address
LEAHS MEDICAL SERV MIAMI FL 33125	1490 W 49 PL STE 315 HIALEAH FL 33012

2. Principal Place of Business	3. Mailing Address
LEAHS. MeDICAL SERV	1490 W 49 PL
Suite, Apt. #, etc.: 315	Suite, Apt. #, etc.: # 315
City & State: HL HIALEAH	City & State: FL - Hialeah
Zip: 33012 Country: MIAMI	Zip: 33012 Country: Miami

4. FEI Number: 01-0596092 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VALDES, LISSET M
1490 W 49 PL STE 315
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name: LEAHS. Medical. SERV. Inc
Street Address (P.O. Box Number is Not Acceptable): 1490 W 49 PL SITE 315
City: HIALEAH FL Zip Code: 33012

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: [signature] x 02/03/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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	DPST ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	VALDES, LISSET M	NAME	
STREET ADDRESS	1490 W 49 STREET STE 315	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33015	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: [signature] 03/15/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #