

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000064058

Entity Name: K.F. LEAL, D.M.D., P.A.

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1897 PALM BEACH LAKES BLVD STE 215  
WEST PALM BEACH, FL 33409

**New Principal Place of Business:**

**Current Mailing Address:**

1897 PALM BEACH LAKES BLVD STE 215  
WEST PALM BEACH, FL 33409

**New Mailing Address:**

FEI Number: 04-3693462

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KARINA F LEAL, DMD  
1897 PALM BEACH LAKES BLVD STE 215  
WEST PALM BEACH, FL 33409 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DR.  
Name: LEAL, KARINA F  
Address: 1897 PALM BEACH LAKES BLVD STE 215  
City-St-Zip: WEST PALM BEACH, FL 33409

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: KARINA LEAL

DR

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date