## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Apr 12, 2005 8:00 am Secretary of State DOCUMENT # P02000101563 1. Entity Name 04-12-2005 90120 010 \*\*\*150.00 LEONARD GUIDONE, D.C., P.A. Principal Place of Business Mailing Address 1421 S ANDREWS AVE P.O. BOX 21283 FORT LAUDERDALE FL 33335 FT LAUDERDALE FL 33316 2. Principal Place of Business 2208 NE // TH Suite, Apt. #, etc. 3. Mailing Address 2208 NE 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 37-1444244 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LIVOTI, JR.,, ANTHONY M ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 721 N.E. THIRD AVENUE FT LAUDERDALE FL 33304 Zip Code City FL 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 leinstating) FILE NOW!!! (EEE/IS \$150.00) 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. GUIDONE, LEUNIARO Change TITLE Defete TITLE GUIDONE, LEONARD NAME NAME STREET ADDRESS 1421 S ANDREWS AVE STREET ADDRESS WILL TUNE MANGES, FU 33305 FT LAUDERDALE FL 33316 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY+ST-7IP TITLE Change ☐ Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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.

**FILED**