


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 08:00 A
Secretary of State

DOCUMENT # P02000101563		
1. Entity Name LEONARD GUIDONE, D.C., P.A.		
Principal Place of Business 2208 NE 11TH AVE. WILTON MANORS, FL 33305		Mailing Address 2208 NE 11TH AVE. WILTON MANORS, FL 33305
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LIVOTI, JR., ANTHONY M ESQUIRE 721 N.E. THIRD AVENUE FT LAUDERDALE, FL 33304		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
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
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	GUIDONE, LEONARD	
STREET ADDRESS	2208 NE 11TH AVE.	
CITY-ST-ZIP	WILTON MANORS, FL 33305	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: <i>Leonard Guidone, D.C. PA</i>		4/16/07 954-567-9360 <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>



04142007 No Chg-P CR2E034 (11/05)

4. FEI Number 37-1444244	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

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04/27/07-80030-007 150.00