

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

3/1

FILED
Apr 02, 2007 8:00 am
Secretary of State

03-12-2007 90087 032 ***150.00

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1. Entity Name

FORTENBERRY MEDICAL PLAZA, INC.



Principal Place of Business

**30 FORTENBERRY RD
MERRITT ISLAND, FL 32952**

Mailing Address

**30 FORTENBERRY RD
MERRITT ISLAND, FL 32952**



02272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

03-0491564

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LEONARD, L GEORGE CPA
1485 N ATLANTIC AVENUE #102
COCOA BEACH, FL 32931**

**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

L. George Leonard

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

3/1/07

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PT
SERRANO, RICARDO A
30 FORTENBERRY RD
MERRITT ISLAND, FL 32952**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SVP
SALACH, RODERICK
30 FORTENBERRY RD
MERRITT ISLAND, FL 32952**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/07

DATE

321.453 2267

Daytime Phone #