2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 22, 2004 8:00 am DOCUMENT # P03000016175 **Secretary of State** 1. Entity Name 03-22-2004 90086 045 ***150.00 LEONARD BENITEZ M.D., P.A. Principal Place of Business Mailing Address 12751 S. CLEVELAND AVE 12751 S. CLEVELAND AVE 17000000 FORT MYERS FL 33907 FORT MYERS FL 33907 2. Principal Place of Business 3. Mailing Address 4048 Evanstue 4048 EvansAvr Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) 306 306 4. FEI Number City & State City & State Applied For 13-4240073 Not Applicable T-Myers \$8.75 Additional 5. Certificate of Status Desired 33901 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEVINE SEGAUL & BARRIOS PA Street Address (P.O. Box Number is Not Acceptable) 4300 N UNIVERSITY DRIVE A106 FT LAUDERDALE FL 33351 City Zip Code 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, 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 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 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. TITLE ☐ Delete TITLE Leonard, Benitez NAME LEONARD, BENITEZ NAME 4048 Evansaue # 306 STREET ADDRESS 12751 S. CLEVELAND AVE STREET ADDRESS FORT MYERS FL 33907 CITY-ST-ZIF CITY-ST-ZIP FT. Myers F1 33901 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE TITLE Delete Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE 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-7IP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section indicated on this report or supplemental report is true and accurate and that my signature shall have the same of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Flor 119.07(3)(i), Florida Statutes. I further certify that the information legal effect as it saids under oath; that I am an officer or director ida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an ldress, with all other lij SIGNATURE: TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Daytime Phone

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