


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90045 035 ***150.00

DOCUMENT # P03000016175
 1. Entity Name
 LEONARD BENITEZ M.D., P.A.



Principal Place of Business 4048 EVANS AVE. 306 FORT MYERS, FL 33901	Mailing Address 4048 EVANS AVE. 306 FORT MYERS, FL 33901
---	---



2. Principal Place of Business - No P.O. Box # 1530 LEE BLVD.	3. Mailing Address 3255 CYPRESS LEGENDS CIR.
Suite, Apt. #, etc. SUITE 2650	Suite, Apt. #, etc. #425

04022007 Chg-P CR2E034 (12/06)

City & State LEHIGH ACRES, FL	City & State FORT MYERS, FL	4. FEI Number 13-4240073	Applied For <input type="checkbox"/> Not Applicable
Zip 33972	Country USA	Zip 33905	Country USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SEGAUL, JOHN D ESQ
 8451 W BROWARD BLVD STE 404
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent
 Name
 LEONARD BENITEZ
 Street Address (P.O. Box Number is Not Acceptable)
 3255 CYPRESS LEGENDS CIR.
 #425
 City
 FORT MYERS FL Zip Code
 33905

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME LEONARD, BENITEZ		NAME	
STREET ADDRESS 4048 EVANS AVE., #306		STREET ADDRESS 3255 CYPRESS LEGENDS CIR. #425	
CITY - ST - ZIP FORT MYERS, FL 33901		CITY - ST - ZIP FORT MYERS, FL 33905	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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:  DATE: 4/2/07 DAYTIME PHONE: 994-0390