

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # P03000016562

1. Entity Name

LEONARD LINARDOS, D.C., P.A.



Principal Place of Business

P. O. BOX 815

TARPON SPRINGS, FL 34688-0815

Mailing Address

P. O. BOX 815

TARPON SPRINGS, FL 34688-0815



01072008

No Chg-P

CR2E034 (11/05)

4. FEI Number

33-1043363

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LINARDOS, LEONARD

3248 KILBURN RD.

TARPON SPRINGS, FL 34688-0815

**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 _____

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
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	LINARDOS, LEONARD
STREET ADDRESS	P. O. BOX 815
CITY- ST-ZIP	TARPON SPRINGS, FL 346880815
TITLE	
NAME	
STREET ADDRESS	
CITY- ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST-ZIP	

U000000861039
04/02/08-80087-001 150.00

**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

Date

Daytime Phone #

1/7/08 7-937-6422