

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000123877

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Entity Name:** LESLIE ROUDER L.C.S.W., P.A.

**Current Principal Place of Business:**

21643 CYPRESS RD,  
14F  
BOCA RATON, FL 33433

**New Principal Place of Business:**

21643 CYPRESS RD,  
14F  
BOCA RATON, FL 33433 UN

**Current Mailing Address:**

21643 CYPRESS RD,  
14F  
BOCA RATON, FL 33433

**New Mailing Address:**

21643 CYPRESS RD,  
14F  
BOCA RATON, FL 33433 UN

**FEI Number:** 20-0362601

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROUDER, LESLIE  
21643 CYPRESS RD,  
14F  
BOCA RATON, FL 33433 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: ROUDER, LESLIE LCSW  
Address: 21643 CYPRESS RD, APT #14F  
City-St-Zip: BOCA RATON, FL 33433

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LESLIE ROUDER

D

02/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date