2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2007
Secretary of State

DOCUMENT# P04000001884

Entity Name: LEON HEALTHCARE INC.

Current Principal Place of Business:

20204 SW 85 CT
MIAMI, FL 33189

New Principal Place of Business:

15359 SW 164 STREET
MIAMI, FL 33187

Current Mailing Address:

15359 SW 164 STREET
MIAMI, FL 33187

New Mailing Address:

FEI Number: 20-0679738 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LEON, ISRAEL
15359 SW 164 STREET
MIAMI, FL 33187 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete
Name: LEON, ISRAEL
Address: 15359 SW 164 STREET
City-St-Zip: MIAMI, FL 33187

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ISRAEL LEON P/D 08/31/2007

Electronic Signature of Signing Officer or Director Date