

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000001884

**Entity Name:** LEON HEALTHCARE INC.

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

15359 SW 164 STREET  
MIAMI, FL 33187

**New Principal Place of Business:**

**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 ( )**

**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

**OFFICERS AND DIRECTORS:**

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

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: ISRAEL LEON

P/D

04/30/2012

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

\_\_\_\_\_  
Date