


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90094 042 ***150.00

DOCUMENT # P04000052749	
1. Entity Name DRS. PAUL & SHIRLEY LEADEM, P.A.	

Principal Place of Business 300 HEALTH PARK BOULEVARD SUITE 5002 ST. AUGUSTINE, FL 32086	Mailing Address 300 HEALTH PARK BOULEVARD SUITE 5002 ST. AUGUSTINE, FL 32086
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2. Principal Place of Business - No P.O. Box # 1740 Tree Boulevard Suite, Apt. #, etc. Suite 112	3. Mailing Address 1740 Tree Boulevard Suite, Apt. #, etc. Suite 112
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City & State St. Augustine, FL	City & State St. Augustine, FL
Zip 32086	Country St. Johns
Zip 32086	Country St. Johns



02272007 Chg-P CR2E034 (12/06)

4. FEI Number 20-0881097	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent AKEL, EDWARD C 1 INDEPENDENT DRIVE SUITE 2301 JACKSONVILLE, FL 32202
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>
DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEADEM, PAUL J JRMD 300 HEALTH PARK BOULEVARD SUITE 5002 ST. AUGUSTINE, FL 32086 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEADEM, SHIRLEY N MD 300 HEALTH PARK BOULEVARD SUITE 5002 ST. AUGUSTINE, FL 32086 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1740 Tree Boulevard, Suite 112 St. Augustine, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1740 Tree Boulevard, Suite 112 St. Augustine, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>
Date <u>3-14-07</u> Daytime Phone # _____