

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000062643

FILED
Apr 15, 2009
Secretary of State

Entity Name: ANTHONY J. LEONARDS, D.M.D., P.A.

Current Principal Place of Business:

5714 LEXINGTON DR
PARRISH, FL 34219

New Principal Place of Business:

5228 ASHLEY PKWY
SARASOTA, FL 34241

Current Mailing Address:

5714 LEXINGTON DR
PARRISH, FL 34219

New Mailing Address:

5228 ASHLEY PKWY
SARASOTA, FL 34241

FEI Number: 20-1003924

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEONARDS, ANTHONY J
5714 LEXINGTON DR
PARRISH, FL 34219 US

Name and Address of New Registered Agent:

LEONARDS, ANTHONY J
5228 ASHLEY PKWY
SARASOTA, FL 34241 US

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: ANTHONY J. LEONARDS

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEONARDS, ANTHONY J
Address: 5714 LEXINGTON DR
City-St-Zip: PARRISH, FL 34219

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LEONARDS, ANTHONY J
Address: 5228 ASHLEY PKWY
City-St-Zip: SARASOTA, FL 34241

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: ANTHONY J. LEONARDS

D

04/15/2009

Electronic Signature of Signing Officer or Director

Date