


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000127361</b> 1. Entity Name <b>DR. LESLIE CHURCH, P.A.</b>	
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Principal Place of Business <b>3516 EAST LAKE DRIVE LAND O' LAKES, FL 34639</b>	Mailing Address <b>3516 EAST LAKE DRIVE LAND O' LAKES, FL 34639</b>
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**DO NOT WRITE IN THIS SPACE**



02152006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>30-0271642</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>CHURCH, LESLIE 3516 EAST LAKE DRIVE LAND O' LAKES, FL 34639</b>
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IN THIS SPACE**

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 <u>Leslie Church</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <u>2/15/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DR. CHURCH, LESLIE A OWNER 3516 EAST LAKE DRIVE LAND O' LAKES, FL 34639</b>
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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: <u>Dr. Leslie Church</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>2/15/06</u> Daytime Phone # <u>(813) 235-6285</u>