2007 FOR PROFIT-CORPORATION ANNUAL REPORT

DOCUMENT # P04000127361 1. Entity Name DR. LESLIE CHURCH, P.A.

FILED Feb 12, 2007 08:00 AM Secretary of State

Principal Place of Business 3516 EAST LAKE DRIVE LAND O' LAKES, FL 34639 Mailing Address

3516 EAST LAKE DRIVE LAND O' LAKES, FL 34639



DO NOT WEITE	02082007 No Crig-P CR2E034 (11/03)			
DO NOT WRITE IN THIS SPAC		4. FEI Number Applied For 30-0271642 Not Applied For		
		5. Certificate of Status Desired \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				
CHURCH, LESLIE 3516 EAST LAKE DRIVE LAND O' LAKES, FL 34639		DO NOT WRITE 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 familier with, and accept the obligations of registered agent. SIGNATURE Signature, typed or crinted name of registered agent and title if applicable. (NOTE, Registered Agent eigneture required when reinstating) DATE				
FILE NOWI!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.		ing \$5.00 May Be Added to Fees	000000633542 02/21/07-80067-00	15 150 00
10. OFFICERS AND DIRE				
TITLE DR. NAME CHURCH, LESLIE A OWNER STREET ADDRESS 3516 EAST LAKE DRIVE LAND O' LAKES, FL 34639	:			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DC	NOT WRITE	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Fiorida 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND THER OF DESIGNING OFFICER OF DIRECT

2/8/07

(813)235-6285

Daytime Pf

IN THIS SPACE