## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 07, 2008 08:00 AN Secretary of State **DOCUMENT # P04000127361** 1. Entity Name DR. LESLIE CHURCH, P.A. Principal Place of Business Mailing Address 3516 EAST LAKE DRIVE 3516 EAST LAKE DRIVE LAND O' LAKES, FL 34639 LAND O' LAKES, FL 34639 02042008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 30-0271642 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent CHURCH, LESLIE DO NOT WRITE 3516 EAST LAKE DRIVE LAND O' LAKES, FL 34639 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME CHURCH, LESLIE A OWNER 3516 EAST LAKE DRIVE STREET ADDRESS CITY-ST-7IP LAND O' LAKES, FL 34639 000000820688 02/18/08-80039-001 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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.

TITLE NAME STREET ADDRESS CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR