2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# P05000109194

Entity Name: LEAF MEDICAL SERVICES, INC

Current Principal Place of Business:

2400 HARBOR BLVD.
SUITE 13
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

2625 TAMIAMI TRAIL
SUITE 5
PORT CHARLOTTE, FL 33952

Current Mailing Address:

2400 HARBOR BLVD.
SUITE 13
PORT CHARLOTTE, FL 33952

New Mailing Address:

2625 TAMIAMI TRAIL
SUITE 5
PORT CHARLOTTE, FL 33952

FEI Number: 13-4318339 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FERNANDEZ, ANNA
551 QUAIL DRIVE
PUNTA GORDA, FL 33982 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FERNANDEZ, LUIS F MD
Address: 551 QUAIL DRIVE
City-St-Zip: PUNTA GORDA, FL 33982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: LUIS F. FERNANDEZ, MD MD 04/16/2009

Electronic Signature of Signing Officer or Director Date