

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000109194

Entity Name: LEAF MEDICAL SERVICES, INC

FILED
May 04, 2010
Secretary of State

Current Principal Place of Business:

2625 TAMiami TRAIL
SUITE 5
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

2625 TAMiami TRAIL
SUITE 5
PORT CHARLOTTE, FL 33952

New Mailing Address:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

I hereby 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 all other like empowered.

SIGNATURE: LUIS F FERNANDEZ, MD

MD

05/04/2010

Electronic Signature of Signing Officer or Director

Date