


2012 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P07000115860		
1. Entity Name LDPMD, INC.		

12 JUL -5 PM 12:55

Principal Place of Business 189 NORTH SR 7 PLANTATION, FL 33317	Mailing Address 144 WEST VILLAGE WAY JUPITER, FL 33458
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

06212012 Chg-P CR2E034 (12/11)

4. FEI Number 26-1284139	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PACE, LEONARD D M.D. 144 WEST VILLAGE WAY JUPITER, FL 33458		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 28, 2012	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MD PACE, LEONARD D 189 NORTH SR 7 PLANTATION, FL 33317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	400237145414 01/24/12--60072--007 <input type="checkbox"/> Change <input type="checkbox"/> Addition 145.88 credit card print
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Leonard D. Pace June 25, 2012 LENPACE@COMCAST.NET

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE E-MAIL ADDRESS

JUN 05 2012

Leonard D. Pace, M.D.

144 West Village Way Jupiter, FL 33458

(561) 744-8884

Cell (561) 379-3593

Fax (561) 744-6074

E-mail ldnpace@comcast.net

June 25, 2012

Andy Dunlap
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

RE: P07000115860 LDPMD, Inc.

As per our prior conversation, I had paid my \$150 to Sunbiz.org on January 20, 2012 in order to register for the year 2012. Inadvertently through an administrative error the funds were applied to Pain Care Associates where I am employed as an independent contractor and have no affiliation with that corporation, other than being an independent contractor. I had no intention of filing their annual report instead of my own.

I am requesting that the funds be credited to my corporation, LDPMD, Inc. for my annual report filing.

Thank you in advance for your assistance in this matter.

Very truly yours,



Leonard D. Pace, M.D.