

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000105944

FILED
Mar 05, 2009
Secretary of State

Entity Name: LEON MEDICAL CENTERS NETWORK, INC.

Current Principal Place of Business:

11501 SW 40TH STREET
2ND FLOOR
MIAMI, FL 33165

New Principal Place of Business:

Current Mailing Address:

11501 SW 40TH STREET
2ND FLOOR
MIAMI, FL 33165

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KOONDEL, MARK
11501 SW 40TH STREET
2ND FLOOR
MIAMI, FL 33165 US

Name and Address of New Registered Agent:

KOONDEL, MARK S
11501 SW 40TH STREET
2ND FLOOR
MIAMI, FL 33165 US

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: MARK S KOONDEL

03/05/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C () Change (X) Addition
Name: LEON, BENJAMIN JR
Address: 11501 SW 40TH STREET
City-St-Zip: MIAMI, FL 33165

Title: P () Change (X) Addition
Name: LEON, BENJAMIN III
Address: 11501 SW 40TH STREET
City-St-Zip: MIAMI, FL 33165

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: BENJAMIN LEON JR

C

03/05/2009

Electronic Signature of Signing Officer or Director

Date