

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000105944

**FILED**  
**Feb 15, 2012**  
**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:** 37-1577007

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

**Title:** C  
**Name:** LEON, BENJAMIN JR  
**Address:** 11501 SW 40TH STREET  
**City-St-Zip:** MIAMI, FL 33165

**Title:** P  
**Name:** LEON, BENJAMIN III  
**Address:** 11501 SW 40TH STREET  
**City-St-Zip:** MIAMI, FL 33165

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:** BENJAMIN LEON JR.

C

02/15/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date