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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 3:56

DOCUMENT # **P92000009810 (2)**

1. Corporation Name
LELAND LEE, D.O., P.A.

Principal Place of Business	Mailing Address
4456 CHAMBER COURT SPRING HILL FL 34609-1711	4456 CHAMBER COURT SPRING HILL FL 34609-1711

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
12/04/1992	01/20/1994

2. Principal Place of Business	2a. Mailing Address
21 5622 MARINE PKWY	26 P.O. BOX 1379
Suite, Apt. #, etc. 22 SUITE 17	Suite, Apt. #, etc. 27
City & State 23 NEW PORT RICHEY, FL	City & State 28 ELFERS, FL
Zip 24 34652 County 25 PAS.	Zip 29 34680 County 30 U.S.

4. FEI Number: 59-3163088 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LEE, LELAND D.O. 4456 CHAMBER COURT SPRING HILL FL 34609-1711	81 Name: LEE, LELAND 82 Street Address (P.O. Box Number is Not Acceptable): 5622 MARINE PKWY 83: SUITE 17 84 City: NEW PORT RICHEY FL 85 Zip Code: 34652

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Leland Lee — LELAND LEE — MARCH 8TH, 1995
Signature, type or print name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	LEE, LELAND	12 NAME	LEE, LELAND
STREET ADDRESS	4456 CHAMBER COURT	13 STREET ADDRESS	5622 MARINE PKWY, SUITE 17
CITY-ST-ZIP	SPRING HILL FL 34609-1711	14 CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Leland Lee — LELAND LEE — MARCH 8TH, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Registered Agent if

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