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SECRETARY OF STATE
TALLAHASSEE, FLORIDA.

CORPORATION
ANNUAL REPORT

1995

5-1-95



FLORIDA DEPARTMENT OF STATE
Sandra B. Myham
Deputy Secretary
DIVISION OF CORPORATIONS

DOCUMENT # P93000026673 (2)

1. Corporation Name

NANCY DELEON, M.S.W., P.A.

Principal Place of Business

11382 PROSPERITY FARMS RD
SUITE 230
PALM BEACH GARDENS FL 33410

Mailing Address

11382 PROSPERITY FARMS RD
SUITE 230
PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/09/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0402893

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. City & State

23

27. City & State

28

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

DELEON, NANCY
11382 PROSPERITY FARMS RD
SUITE 230
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

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

Nancy B. DeLeon MSW PA

April 25, 1995

Signature, typed or printed name of registered agent and title, if applicable.

DATE Registered Agent signature required when registering.

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME DELEON, NANCY
STREET ADDRESS 11382 PROSPERITY FARMS RD SUITE 230
CITY ST ZIP PALM BEACH GARDENS FL 33410

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

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 110.07(3)(b), 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:

Nancy B. DeLeon MSW PA

April 25, 1995 (40) 775-0300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

FILED