


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State 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 33410-3463		
2. Principal Place of Business 21 3365 Burns Rd Suite, Apt. #, etc # 214 City & State Palm Beach Gardens FL Zip 33410		2a. Mailing Address 26 3365 Burns Rd Suite, Apt. #, etc # 214 City & State Palm Beach Gardens FL Zip 33410		3. Date Incorporated or Qualified 04/09/1993	
				3a. Date of Last Report 05/01/1996	
				4. FEI Number 65-0402893	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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		
			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 4/22/97					
Signatures: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating)					
12. OFFICERS AND DIRECTORS					
1.1 TITLE D 1.2 NAME DELEON, NANCY 1.3 STREET ADDRESS 3365 Burns Rd 1.4 CITY-ST-ZIP #214 11382 PROSPERITY FARMS RD SUITE 230 PALM BEACH GARDENS FL 33410					
1.5 DELETE <input type="checkbox"/>					
2.1 TITLE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
2.5 DELETE <input type="checkbox"/>					
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
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4.5 DELETE <input type="checkbox"/>					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
5.5 DELETE <input type="checkbox"/>					
6.1 TITLE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
6.5 DELETE <input type="checkbox"/>					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
1.5 DELETE <input type="checkbox"/>					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
2.5 DELETE <input type="checkbox"/>					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
3.5 DELETE <input type="checkbox"/>					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
4.5 DELETE <input type="checkbox"/>					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
5.5 DELETE <input type="checkbox"/>					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
6.5 DELETE <input type="checkbox"/>					
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 4/22/97 561-775-0300					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)