



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90217 029 ***150.00

DOCUMENT # P93000026673 1. Entity Name NANCY DELEON, M.S.W., P.A.					
Principal Place of Business 3365 BURNS RD #214 PALM BCH GRDNS, FL 33410 US			Mailing Address 3365 BURNS RD #214 PALM BEACH GARDENS, FL 33410 US		
2. Principal Place of Business 11380 Prosperity Farms Rd Suite, Apt. #, etc. Ste 110-B		3. Mailing Address 11380 Prosperity Farms Rd Suite, Apt. #, etc. Ste 110-B			
City & State Palm Beach Gardens, FL		City & State Palm Beach Gardens, FL		4. FEI Number 65-0402893	
Zip 33410		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DELEON, NANCY 3365 BURNS RD STE 214 PALM BEACH GARDENS, FL 33410				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11380 Prosperity Farms Rd Ste 110-B City Palm Beach Gardens FL Zip Code 33410	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D	NAME DELEON, NANCY		TITLE Change	NAME 11380 Prosperity Farms Rd, Ste 110-B	
STREET ADDRESS 3365 BURNS RD #214	CITY-ST-ZIP PALM BEACH GARDENS, FL		STREET ADDRESS 11380 Prosperity Farms Rd, Ste 110-B	CITY-ST-ZIP Palm Beach Gardens, FL 33410	
TITLE NAME			TITLE NAME		
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12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Nancy B. DeLeon</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4/24/04</u> <u>561-775-0300</u> <small>Date Daytime Phone #</small>		