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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 JAN 31 PM 2:10

DOCUMENT # P93000038164 (8)

1. Corporation Name
RENE J. LEBLANC, C.R.N.A., P.A.

Principal Place of Business	Mailing Address
P O BOX 411 PORT RICHEY FL 34672	P O BOX 411 PORT RICHEY FL 34672

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/24/1993
3a. Date of Last Report: 04/07/1994

2. Principal Place of Business
21 PO Box 4565
22 Suite, Apt. #, etc.
23 City & State: DeLand FL
24 Zip: 32723
25 Country: USA

2a. Mailing Address
26 PO Box 4565
27 Suite, Apt. #, etc.
28 City & State: DeLand FL
29 Zip: 32723
30 Country: USA

4. FEI Number: 59-3182747 ☐ 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

LEBLANC, RENE J
10033 FOUNTAIN CT
NEW PORT RICHEY FL 34654

10. Name and Address of New Registered Agent

81 Name: Rene J. LeBlanc
82 Street Address (P.O. Box Number Not Acceptable): 2475 W. Park Rd
83
84 City: DeLand FL 85 Zip Code: 32724

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: Rene J. LeBlanc Rene J. LeBlanc 1-26-95
(Signature, typed or printed 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	P	1.1 TITLE	P ☐ Change ☐ Addition
NAME	LEBLANC, RENE J	1.2 NAME	LeBlanc, Rene J.
STREET ADDRESS	10033 FOUNTAIN CT	1.3 STREET ADDRESS	2475 W. PARK Rd
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	1.4 CITY-ST-ZIP	DELAND, FL 32724
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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: X Rene J. LeBlanc (President) X 1-26-95 904738128
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date (Daytime Phone #)

0460780 FP