

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000002144

FILED
Apr 20, 2009
Secretary of State

Entity Name: LEONARD TACHMES, M.D., P.A.

Current Principal Place of Business:

1441 BRICKELL AVENUE
3RD FLOOR, SKY LOBBY
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

890 SOUTH DIXIE HIGHWAY
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 65-0458592

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRAMER, JAMES I
890 SOUTH DIXIE HIGHWAY
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: TACHMES, LEONARD
Address: 5660 COLLINS AVENUE, #11C
City-St-Zip: MIAMI BEACH, FL 33140

Title: D () Delete
Name: TACHMES, ALEXANDER
Address: 5660 COLLINS AVE #110
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEONARD TACHMES

PTSD

04/20/2009

Electronic Signature of Signing Officer or Director

Date