

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000002144

**FILED**  
**Apr 25, 2012**  
**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

**OFFICERS AND DIRECTORS:**

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

I hereby 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 all other like empowered.

SIGNATURE: TACHMES LEONARD PA

PTSD

04/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date