

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000003650**

1. Entity Name

MICHAEL J. LEON, JR., O.D., P.A.



Principal Place of Business

2420 S. BABCOCK STREET  
MELBOURNE, FL 32901

Mailing Address

2420 S. BABCOCK STREET  
MELBOURNE, FL 32901

**DO NOT WRITE IN THIS SPACE**



01182006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3221738

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEON, MICHAEL J JR., OD  
2420 S. BABCOCK STREET  
MELBOURNE, FL 32901

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME LEON, MICHAEL J JR., OD  
STREET ADDRESS 2420 S. BABCOCK STREET  
CITY-ST-ZIP MELBOURNE, FL 32901

TITLE  
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1100000406336  
02/07/06-80084-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

*Michael J. Leon Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

321-725-4755  
1/25/06