2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 11, 2008 8:00 am Secretary of State

DOCUMENT # P9400003650 1. Entity Name MICHAEL J. LEON, JR., O.D., P.A.						02-11-2008	90066 02	20 ***15	0.00
Principal Plac	e of Business	Mailing Address			1				
	SCOCK STREET	2420 S. BABCOCK STF	Mailing Address 2420 S. BABCOCK STREET MELBOURNE, FL 32901		1 IRANIARI IVA	18-11 SION BEIN BEN	***************		1881 II F881
Principal Place of Business - No P.O. Box # Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02052008	Chg-P	CR2E03	4 (12/06)	
City & State		City & State			4. FEI Number 59-3221				plied For t Applicable
Zip	Country	Zip	Coun	ntry	5. Certificate of	of Status Desired		8.75 Add ee Required	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered A	gent	
LEON MICHAEL LID OD			Name						
LEON, MICHAEL J JR., OD 2420 S. BABCOCK STREET MELBOURNE, FL 32901			Street Address (P.O. Box Number is Not Acceptable)						
				City			FL	Zip Code	•
8. The above	named entity submits this statement for	or the purpose of changing its	register	ed office or registe	ered agent, or both	in the State of Flo		miliar with.	and accept
	tions of registered agent.					., .,			
CIONATURE									
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NO	E: Registere	ed Agent signature requir	red when reinstating)		DATE		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campa OO Trust Fund Con	-		5.00 May Be dided to Fees				-
After M	ay 1, 2008 Fee will be \$550. OFFICERS AND	OO Trust Fund Con	-	. □ Åd	ided to Fees	CHANGES TO OFF			
10.	ay 1, 2008 Fee will be \$550. OFFICERS AND	OO Trust Fund Con	tribution.	.E. Ad	ided to Fees	CHANGES TO OFF		DIRECTORS	S IN 11.
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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:

SIGNATURE AND TYPED OR PRINCES NAME OF SIGNING OF FICER OR DIRECTO

2/6/08 321-725-4755 Date Devime Prone #