

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000014163

Entity Name: DAVID A. LEEMAN, M.D., P.A.

**FILED**  
**Jan 13, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3765 CANTERBURY COURT  
BOCA RATON, FL 33434 US

**New Principal Place of Business:**

**Current Mailing Address:**

3765 CANTERBURY COURT  
BOCA RATON, FL 33434 US

**New Mailing Address:**

FEI Number: 65-0470613

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COLEMAN, IRA J  
201 S. BISCAYNE BLVD.  
SUITE 2200  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

COLEMAN, IRA J  
333 SE 2ND AVENUE  
SUITE 4500  
MIAMI, FL 33131 US

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

01/13/2012

Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: LEEMAN, DAVID A  
Address: 3765 CANTERBURY COURT  
City-St-Zip: BOCA RATON, FL 33434

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: DAVID LEEMAN

PRES

01/13/2012

Electronic Signature of Signing Officer or Director

Date