

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 15, 1999 8:00 am  
Secretary of State

05-15-1999 90011 048 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **794000093064** ✓  
1. Corporation Name  
**DR. LEORA GARDNER, PHD, P.A.**

Principal Place of Business  
**7040 W. PALMETTO ROAD #4  
SUITE 496  
BOCA RATON, FL 33433**

Mailing Address  
**40 ELLIOT ROTH, CPA P.A.  
2301 W. SAMPLE ROAD  
BLDG 3 SUITE 2A  
POMPANO BEACH, FL 33073**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/23/94**

2. Principal Place of Business  
**21** Suite, Apt. #, etc.  
**22** City & State  
**23** Zip  
**24** Country

2a. Mailing Address  
**26** Suite, Apt. #, etc.  
**27** City & State  
**28** Zip  
**29** Country

4. FEI Number  
**65-0542082**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**LEORA GARDNER  
7508A COURTYARD RUN EAST  
BOCA RATON, FL 33433**

10. Name and Address of New Registered Agent

**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PRESIDENT	LEORA GARDNER	7508A COURTYARD RUN EAST	BOCA RATON, FL 33433	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Leora Gardner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

954-570-1789

CR2E034 (10/97)