

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000032530

Entity Name: LEON EGOZI, M.D., P.A.

FILED
Feb 15, 2009
Secretary of State

Current Principal Place of Business:

4302 ALTON RD # 500
MIAMI BEACH, FL 33140 US

New Principal Place of Business:

4308 ALTON RD
SUITE 410
MIAMI BEACH, FL 33140 US

Current Mailing Address:

4302 ALTON RD
STE 500
MIAMI BEACH, FL 33140 US

New Mailing Address:

4308 ALTON RD
STE 410
MIAMI BEACH, FL 33140 US

FEI Number: 65-0576122

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, ROBERT M
5915 PONCE DE LEON BLVD.
SUITE 12
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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: EGOZI, LEON
Address: 19471 NE 15 WEST
City-St-Zip: NORTH MIAMI BEACH, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LEON EGOZI

P

02/15/2009

Electronic Signature of Signing Officer or Director

Date