

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000016761

Entity Name: CARAL ANN LEAF, P.A.

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

15010 LAKESIDE VIEW DRIVE #203  
FORT MYERS, FL 339198458

**New Principal Place of Business:**

15010 LAKESIDE VIEW DRIVE #203  
FORT MYERS, FL 339198458 US

**Current Mailing Address:**

15010 LAKESIDE VIEW DRIVE #203  
FORT MYERS, FL 339198458

**New Mailing Address:**

15010 LAKESIDE VIEW DRIVE #203  
FORT MYERS, FL 339198458 US

FEI Number: 65-0644995

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEAF, CAROL ANN  
15010 LAKESIDE VIEW DRIVE #203  
FORT MYERS, FL 339198458 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: LEAF, CAROL ANN  
Address: 15010 LAKESIDE VIEW DRIVE #203  
City-St-Zip: FORT MYERS, FL 339198458

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: CAROL ANN LEAF

D

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date