

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000027369

Entity Name: MANUEL A. LEAL, M.D., P.A.

FILED
Apr 21, 2006
Secretary of State

Current Principal Place of Business:

704 E HILLTOP ST
FRUITLAND PARK, FL 34731

New Principal Place of Business:

5216 NW 21ST LOOP
OCALA, FL 34482

Current Mailing Address:

704 E HILLTOP ST
FRUITLAND PARK, FL 34731

New Mailing Address:

5216 NW 21ST LOOP
OCALA, FL 34482

FEI Number: 59-3379761

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEAL, MANUEL A
704 E HILLTOP ST
FRUITLAND PARK, FL 34731 US

Name and Address of New Registered Agent:

LEAL, MANUEL A
5216 NW 21ST LOOP
OCALA, FL 34482 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: MANUEL A. LEAL, MD

04/21/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEAL, MANUEL A M.D.
Address: 704 E HILLTOP ST
City-St-Zip: FRUITLAND PARK, FL

Title: VP () Delete
Name: LEAL, MARIA A
Address: 704 E. HILLTOP STREET
City-St-Zip: FRUITLAND PARK, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LEAL, MANUEL A M.D.
Address: 5216 NW 21ST LOOP
City-St-Zip: OCALA, FL 34482

Title: VP (X) Change () Addition
Name: LEAL, MARIA A
Address: 5216 NW 21ST LOOP
City-St-Zip: OCALA, FL 34482

I hereby certify that the information supplied with this filing does not qualify for the 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: MANUEL A. LEAL, MD

P

04/21/2006

Electronic Signature of Signing Officer or Director

Date