

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000027369

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

FILED
Apr 22, 2007
Secretary of State

Current Principal Place of Business:

5216 NW 21ST LOOP
OCALA, FL 34482

New Principal Place of Business:

7786 S.E. 12TH CIRCLE
OCALA, FL 34480

Current Mailing Address:

5216 NW 21ST LOOP
OCALA, FL 34482

New Mailing Address:

7786 S.E. 12TH CIRCLE
OCALA, FL 34480

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
5216 NW 21ST LOOP
OCALA, FL 34482 US

Name and Address of New Registered Agent:

LEAL, MANUEL A
7786 S.E. 12TH CIRCLE
OCALA, FL 34480 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

04/22/2007

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

Title: VP () Delete
Name: LEAL, MARIA A
Address: 5216 NW 21ST LOOP
City-St-Zip: Ocala, FL 34482

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LEAL, MANUEL A M.D.
Address: 7786 S.E. 12TH CIRCLE
City-St-Zip: Ocala, FL 34480

Title: VP (X) Change () Addition
Name: LEAL, MARIA A
Address: 7786 S.E. 12TH CIRCLE
City-St-Zip: Ocala, FL 34480

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: MARIA A. LEAL

Electronic Signature of Signing Officer or Director

VP

04/22/2007

Date