



**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000043665</b> 1. Entity Name KELLY H LEAIRD D.M.D., P.A.	
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Principal Place of Business 918 ROLLING ACRES RD STE 7 LADY LAKE, FL 32159	Mailing Address 918 ROLLING ACRES RD STE 7 LADY LAKE, FL 32159
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**DO NOT WRITE IN THIS SPACE**

	
01162008	No Chg-P CR2E034 (11/05)
4. FEI Number 59-3386771	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

LEAIRD, KELLY  
918 ROLLING ACRES RD  
STE 7  
LADY LAKE, FL 32159

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEAIRD, KELLY H 918 ROLLING ACRES RD STE 7 LADY LAKE, FL 32159
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U000000792310  
01/24/08-80002-017.150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

<b>SIGNATURE:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	1-21-08 Date	352 750 0300 Daytime Phone #
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