

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 21, 2006 8:00 am**  
**Secretary of State**

08-21-2006 90005 012 \*\*\*150.00

**DOCUMENT # P97000036985**

1. Entity Name  
**LESLIE K. HERNANDEZ, D.M.D., P.A.**



Principal Place of Business  
**19125 U.S. HIGHWAY 41, N.  
LUTZ, FL 33549**

Mailing Address  
**19125 U.S. HIGHWAY 41, N.  
LUTZ, FL 33549**



08152006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3449930**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MOORE, KEVIN A C.P.A.  
3550 BUSCHWOOD PARK DRIVE  
SUITE 250  
TAMPA, FL 33618**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DR  
HERNANDEZ, LESLIE K D.M.D.  
19125 U.S. HIGHWAY 41, N.  
LUTZ, FL 33549**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**

*Leslie K. Hernandez, D.M.D., P.A.* **Leslie K. Hernandez, D.M.D., P.A.** 8/15/06 (813) 949-4568

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

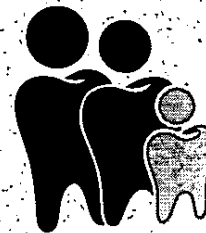
Daytime Phone #

**LESLIE K. HERNANDEZ, DMD, PA**

19125 U.S. Highway 41 North  
Lutz, Florida 33549  
(813) 949-4568  
Fax 949-5012

ATTACHMENT

50025785  
#P97000036985



*Family Dentistry*

August 15, 2006

Division of Corporations  
P.O. Box 6198  
Tallahassee, FL 32314-6198

Re: 2006 For Profit Corporation  
Annual Report late fee

To Whom It May Concern:

This letter is written to advise you that we did not receive the postcard to pay the Annual Report. Since the postcard was not received, our bookkeeper was not notified to file the report and was unaware of a payment due. We take great pride in paying our bills on time and apologize for any inconvenience this may have caused. We are requesting to have the late fee waived. Enclosed is a check for \$150.00.

Please do not hesitate to contact us to discuss this further if needed (813) 949-4568.

Sincerely,

Leslie K. Hernandez, D.M.D., P.A.