2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# P97000036985

Entity Name: LESLIE K. HERNANDEZ, D.M.D., P.A.

Current Principal Place of Business:

19125 U.S. HIGHWAY 41, N.
LUTZ, FL 33549

New Principal Place of Business:

19125 U.S. HIGHWAY 41, N.
LUTZ, FL 33549 US

Current Mailing Address:

19125 U.S. HIGHWAY 41, N.
LUTZ, FL 33549

New Mailing Address:

905 LAKE SAPPHIRE LANE
LUTZ, FL 33548 US

FEI Number: 59-3449930 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DR ( ) Delete
Name: HERNANDEZ, LESLIE K D.M.D.
Address: 19125 U.S. HIGHWAY 41, N.
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: HERNANDEZ, LESLIE K D.M.D.
Address: 905 LAKE SAPPHIRE LANE
City-St-Zip: LUTZ, FL 33548

I hereby certify that the information supplied with this filing does not qualify 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: LESLIE K. HERNANDEZ, DMD DR. 03/26/2009
Electronic Signature of Signing Officer or Director Date