FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000078542 (2)**

1. Corporation Name
MEDICAL PRACTICE ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
1881 PROFESSIONAL PARK CIRCLE SUITE 80 TALLAHASSEE FL 32308	1881 PROFESSIONAL PARK CIRCLE SUITE 80 TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/11/1997**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: See Attached 65-4 ☒ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PIERCE, ROBERT A
227 S CALHOUN STREET
SUITE 80
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DAMRON, RICK MD		1.2 NAME	
STREET ADDRESS	1881 PROFESSIONAL PARK CIRCLE, STE 80		1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LAKSHMIN, GURUSAMI MD		2.2 NAME	
STREET ADDRESS	1881 PROFESSIONAL PARK CIRCLE, STE 80		2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LEICHUS, LEONARD MD		3.2 NAME	
STREET ADDRESS	1881 PROFESSIONAL PARK CIRCLE, STE 80		3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MENDUNI, ALBERT N MD		4.2 NAME	
STREET ADDRESS	1881 PROFESSIONAL PARK CIRCLE, STE 80		4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	RANDALL, ANDREA MD		5.2 NAME	
STREET ADDRESS	1881 PROFESSIONAL PARK CIRCLE, STE 80		5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	WALDENBERGER, LEONARD MD		6.2 NAME	
STREET ADDRESS	1881 PROFESSIONAL PARK CIRCLE, STE 80		6.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ 2/3/98

CR2E034 (10/97)

Form **SS-4**
(Rev. February 1998)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

▶ **Keep a copy for your records.**

EIN

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)
MEDICAL PRACTICE ASSOCIATES P.A.

2 Trade name of business (if different from name on line 1)
SAME

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
2626 CARE DRIVE

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code
TALLAHASSEE, FL 32308

5b City, state, and ZIP code

6 County and state where principal business is located
LEON CO FLORIDA

7 Name of principal officer, general partner, grantor, owner, or trustor — SSN or ITIN may be required (see instructions) ▶
LEONARD LEICHUS

8a Type of entity (Check only one box.) (see instructions)
Caution: *If applicant is a limited liability company, see the instructions for line 8a.*

- ☐ Sole proprietor (SSN) _____
- ☐ Partnership
- ☐ REMIC
- ☐ State/local government
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ▶ _____
- ☒ Other (specify) ▶ CORPORATION
- ☐ Personal service corp.
- ☐ National Guard
- ☐ Farmers' cooperative
- ☐ Estate (SSN of decedent) _____
- ☐ Plan administrator (SSN) _____
- ☐ Other corporation (specify) ▶ _____
- ☐ Trust
- ☐ Federal government/military
- (enter GEN if applicable) _____

8b If a corporation, name the state or foreign country (if applicable) where incorporated — State: FL — Foreign country:

9 Reason for applying (Check only one box.) (see instructions)
- ☒ Started new business (specify type) ▶ _____
- ☐ Hired employees (Check the box and see line 12.)
- ☐ Created a pension plan (specify type) ▶
- ☐ Banking purpose (specify purpose) ▶ _____
- ☐ Changed type of organization (specify new type) ▶ _____
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶ _____
- ☐ Other (specify) ▶

10 Date business started or acquired (month, day, year) (see instructions)
09/17/97

11 Closing month of accounting year (see instructions)
12/31

12 First date wages or annuities were paid or will be paid (month, day, year). **Note:** *If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)* ▶ N/A

13 Highest number of employees expected in the next 12 months. **Note:** *If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)* ▶	Nonagricultural	Agricultural	Household
	0	0	0

14 Principal activity (see instructions) ▶ MEDICAL ACTIVITES

15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check one box.
☒ Public (retail) ☐ Business (wholesale) ☐ Other (specify) ▶ ☐ N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No
Note: *If "Yes," please complete lines 17b and 17c.*

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ▶ Trade name ▶

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) | City and state where filed | Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code): 850 878 8236

Name and title (Please type or print clearly.) ▶ Leonard Leichus, M.D. (C.E.O.)

Fax telephone number (include area code): 850 671 7233

Signature ▶ Date ▶ 4/8/04

Note: *Do not write below this line. For official use only.*

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying

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Approximate date when filed (mo., day, year) | City and state where filed | Previous EIN

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Fax telephone number (include area code): 850, 671-7233

Signature ▶ [signature] Date ▶ 4/30/9

Note: *Do not write below this line. For official use only.*

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