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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000056818 1. Corporation Name

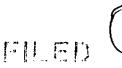
LEONARD S. DEPALMA, P.A.

Principal Place of Business

Mailing Address

2649 NELSON COURT WESTON FL 33332

2649 NELSON COURT WESTON FL 33332



99 JUN 18 PH 3: 33



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

					06/24/1998		
2. Principal P	Place of Business 2a. Mailing Address				4. FEI Number	Applied For	
21		26			65-0850033	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22		27			S. Collingate of Claude Desireo	Fee Required	
City & Stat	e	City & State			6, Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	•	This corporation owes the current year		
24	25	29	30		Personal Property Tax.	☐ Yes ☐ No	
	9. Name and Address of Curre	ent Registered Agent	81	Name	10. Name and Address of New Register	ed Agent	
DED	ALMA LEGNADO C		*'	Name			
DEPALMA, LEONARD S 2649 NELSON COURT WESTON FL 33332			82	82 Street Address (P.O. Box Number is Not Acceptable)			
			<u> </u>				
WES	10N FL 33332		83	ļ			
			84	City		. 85 Zip Code	
]**		F	L [3]	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	ites, the above	e-named corp	poration submits this statement for the purpose	of changing its registered	
office or n	egistered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was lations of, Section 607.0505. Fl	authorized by orida Statutes	the corporati	on's board of directors. I hereby accept the ap-	pointment as registered	
SIGNATURE							
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (NOT	E: Registered Ager	t signature require	ed when reinstating) DATE		
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
TITLE	PSD	☐ DELETE	1.1 T/TLE	1		☐ Change ☐ Addition	
NAME	DEPALMA, LEONARD S		1.2 NAME	.			
STREET ADDRESS	2649 NELSON COURT		1.3 STREET	r ADORÉSS	600002911 -06/29/99-	84367	
CITY-ST-ZIP	WESTON FL 33332		1.4 C(TY-S)	T-ŻIP	-06/29/99-	-01034010	
TITLE		DELETE	2.1 TITLE		****150.0	O (本本本表150页)(Blick	
NAME			2.2 NAME	-			
STREET ADDRESS			2.3 STREET	TADORESS			
CITY-ST-ZIP	<u>.</u>		2.4 CITY-S	T-71P			
TILE		DELETE	3 1 TITLE			☐ Change ☐ Addition	
NAME			32 NAME				
STREET ADDRESS			33 STREET	ADDRESS			
OTY-ST-ZIP			34. CITY-S				
TITLE		☐ DELETE	4.1 TITLE			[] Change	
NAME			4. 2 NAME			earner en earner	
STREET ADDRESS			4.2 (VVIII)	AUUDEcc			
				- 1			
CITY-ST-ZIP		DELETE	4.4 CITY - S	1-211		[] Change [] Addition	
i		C Deteie	5.2 NAME			FT custable FT World	
NAME			5.3 STREET	ADDOCCO			
STREET ADDRESS							
CATY-ST-ZIP			54 CITY-\$	r-ziP		<u> </u>	
TITLE		☐ DELETE	61 TITLE			Additional	
NAME			6.2 NAME				
STREET ADDRESS			63STREET	ADDRESS			

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 with all other the empowered.

SIGNATURE:

5/30/99 Sentleman: The date for registration was overlooked for the following reasons. On April 26th I had my Wrologist take temples of my probleto gland. It tured out that I have prostale concer. However of spril found me with a serfor a couple weeks. My Drs. Erie Pachter and Richard Finder can confirm the events & have described. I had put of the feling too long and then the last week to for was west and sich and didn't lealized had failed to file. When I realized & had not filed I called your defertment and told my series of events and problem. It was suggested durito you and explain and request consideration and be excessed from a late felig fee. This I would

r's , ~

Enclosed is my check for \$200,00. Under the tricumstances of hope this is acceptable to the Dept.

If you need to confirm the medical deformation my doctors can be reachedat!

Dr. Eric Pachter 954-961-7500

Dr. Richard Finder

Memorial Medicol Office Center

Suite 200-1150 N. 35 Ave.

1tollywood, F. 23021

They will confirm my situation and need for Medicol treatment for the Prostate Cancer.

I thank you in advance for

.

P. . .

Lincerely, Slenard S. DePalma Leonard S. De Palma P.A. 2649 Nelson Ct. 1-954-384-6877 Weston, Fl. 33332

your consideration.