

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

2649 NELSON COURT
WESTON FL 33332

Mailing Address

2649 NELSON COURT
WESTON FL 33332

99 JUN 18 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/24/1998

4. FEI Number

65-0850033

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax



Yes



No

9. Name and Address of Current Registered Agent

DEPALMA, LEONARD S
2649 NELSON COURT
WESTON FL 33332

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
PSD
DEPALMA, LEONARD S
STREET ADDRESS
2649 NELSON COURT
CITY-ST-ZIP
WESTON FL 33332

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

600002918436--7
-06/23/99--01034--010

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

****150.00 ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Leonard S. Depalma

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/99 954-438-8326

Date Daytime Phone

CR2E034 (11/98)

5/30/99

(1)

Gentleman:

The date for registration was overlooked for the following reasons.

On April 26th I had my urologist take samples of my prostate gland. It turned out that I have prostate cancer. However the procedure done on the 26th of April found me with a serious infection that laid me up for a couple weeks. My Drs. Eric Pachter and Richard Finder can confirm the events I have described. I had put off the filing too long and then the last week of April I was upset and sick and didn't realize I had failed to file. When I realized I had not filed I called your department and told my series of events and problem. It was suggested I write you and explain and request consideration and be excused from a late filing fee. This I would appreciate.

3
Enclosed is my check for
\$200.00. Under the circumstances I
hope this is acceptable to the Dept.

If you need to confirm the
medical information my doctor
can be reached at:

Dr. Eric Pachter 954-961-7500

Dr. Richard Finder

Memorial Medical Office Center

Suite 200 - 1150 N. 35 Ave.

Hollywood, FL 33021

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

I thank you in advance for
your consideration.

Sincerely,

Leonard S. De Palma

Leonard S. De Palma P.A.

2649 Nelson Ct. 1-954-384-6877

Weston, FL 33332