2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000013434

Entity Name: TRACIE J. LEONHARDT D.O., INC.

FILED Jan 10, 2005 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

2249 RIVERSIDE DRIVE SOUTH CLEARWATER, FL 33764

Current Mailing Address: New Mailing Address:

2249 RIVERSIDE DRIVE SOUTH CLEARWATER, FL 33764

FEI Number: 59-3552881 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEONHARDT, TRACIE J D.O

2249 RIVERSIDE DRIVE SOUTH
CLEARWATER, FL 33764 US

LEONHARDT BEASLEY, TRACIE J
2249 RIVERSIDE DRIVE SOUTH
CLEARWATER, FL 33764 US

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: TRACIE LEONHARDT BEASLEY 01/10/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

Name:

DPST () Delete Title: DPST (X) Change () Addition LEONHARDT, TRACIE J Name: LEONHARDT BEASLEY, TRACIE J 2249 RIVERSIDE DRIVE SOUTH Address: 2249 RIVERSIDE DRIVE SOUTH

Address: 2249 RIVERSIDE DRIVE SOUTH Address: 2249 RIVERSIDE DRIVE SOU City-St-Zip: CLEARWATER, FL 33764 City-St-Zip: CLEARWATER, FL 33764

Title: () Delete Title: D () Change (X) Addition Name: BEASLEY, MITCHEL L

Address: Address: 2249 RIVERSIDE DRIVE SOUTH
City-St-Zip: City-St-Zip: CLEARWATER, FL 33764

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TRACIE LEONHARDT BEASLEY DPST 01/10/2005