

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90215 050 ***150.00

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1. Entity Name
LELAND PROFESSIONAL CENTER, INC.



Principal Place of Business
**9130 CORSEA DEL FONTANA WAY
NAPLES, FL 34109 US**

Mailing Address
**9130 CORSEA DEL FONTANA WAY
NAPLES, FL 34109 US**

40081425



05012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0902410

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**D'JAMOOS, JENNIFER
9130 CORSEA DEL FONTANA WAY
NAPLES, FL 34109**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	D'JAMOOS, JOSEPH E
STREET ADDRESS	9130 CORSEA DEL FONTANA WAY
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	VPT
NAME	D'JAMOOS, ELIZABETH A
STREET ADDRESS	9130 CORSEA DEL FONTANA WAY
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	SD
NAME	D'JAMOOS, JENNIFER
STREET ADDRESS	9130 CORSEA DEL FONTANA WAY
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/06