

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000022672

1. Entity Name  
LELAND PROFESSIONAL CENTER, INC.



**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91795 037 \*\*\*150.00

0637131 AV

Principal Place of Business  
9130 CORSEA DEL FONTANA WAY  
SUITE 100  
NAPLES FL 34109  
US

Mailing Address  
9130 CORSEA DEL FONTANA WAY  
SUITE 100  
NAPLES FL 34109  
US



2. Principal Place of Business

9130 CORSEA DEL FONTANA WAY  
Suite, Apt. #, etc.

3. Mailing Address

9130 CORSEA DEL FONTANA WAY  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

NAPLES, FL

City & State

NAPLES, FL

4. FEI Number

65-0902410

Applied For

Not Applicable

Zip

34109

Country

US

Zip

34109

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

D'JAMOOS, JOSEPH E  
9130 CORSEA DEL FONTANA WAY  
NAPLES FL 34109

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME D'JAMOOS, JOSEPH E  
STREET ADDRESS 9130 CORSEA DEL FONTANA WAY  
CITY-ST-ZIP NAPLES FL 34109

TITLE ☐ Change ☒ Addition  
NAME PRESIDENT  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME VICE PRESIDENT / TREASURER  
STREET ADDRESS ELIZABETH A. D'JAMOOS  
CITY-ST-ZIP 9130 CORSEA DEL FONTANA WAY  
NAPLES, FL 34109

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME SECRETARY  
STREET ADDRESS ANDREW D'JAMOOS  
CITY-ST-ZIP 9130 CORSEA DEL FONTANA WAY  
NAPLES, FL 34109

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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 #

CR2E034 (10/02)