

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000056029  
1. Entity Name  
RALPH A. LEON, M.D., P.A.



Principal Place of Business  
6107-A MEMORIAL HWY  
TAMPA, FL 33615

Mailing Address  
6107-A MEMORIAL HWY  
TAMPA, FL 33615

**DO NOT WRITE IN THIS SPACE**



04202004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3585387

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
LEON, RALPH A MD  
5412 WINDBRUSH DR  
TAMPA, FL 33625

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LEON, RALPH A 5412 WINDBRUSH DR TAMPA, FL 33625
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000128018  
04/26/04-80020-012 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 another like empowered.

SIGNATURE: Ralph A. Leon, M.D., P.A. Spemaner Date: 04-20-04 Daytime Phone #: 813 888 9900