


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jan 11, 2006 08:00 AM
Secretary of State**

DOCUMENT # P99000105260
1. Entity Name
FLORIDA MEDICAL LEASING, INC.



Principal Place of Business Mailing Address
8522 ST. MARINO BLVD 8522 ST. MARINO BLVD
ORLANDO, FL 32836 ORLANDO, FL 32836



01082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-3617534 Not Applicable

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

6. Name and Address of Current Registered Agent

MELVIN, EUGENE JR
8522 ST. MARINO BLVD
ORLANDO, FL 32836

**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 _____ (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

UN00000382624
01/12/06-80018-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MELVIN, RITA
STREET ADDRESS	8522 ST. MARINO BLVD
CITY-ST-ZIP	ORLANDO, FL 32836
TITLE	S
NAME	MELVIN, EUGENE JR
STREET ADDRESS	8522 ST MARINO BLVD
CITY-ST-ZIP	ORLANDO, FL 32836
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:  1/6/06 407-956-346

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #