

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000105260

**FILED**  
**Feb 13, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA MEDICAL LEASING, INC.

**Current Principal Place of Business:**

1069 W 2ND AVENUE  
WINDERMERE, FL 34786

**New Principal Place of Business:**

**Current Mailing Address:**

1069 W 2ND AVENUE  
WINDERMERE, FL 34786

**New Mailing Address:**

**FEI Number:** 59-3617534

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MELVIN, EUGENE JR  
1069 W. 2ND AVENUE  
WINDERMERE, FL 34786 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MELVIN, RITA  
Address: 1069 W 2ND AVENUE  
City-St-Zip: WINDERMERE, FL 34786

Title: S  
Name: MELVIN, EUGENE JR  
Address: 1069 W 2ND AVENUE  
City-St-Zip: WINDERMERE, FL 34786

I hereby 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 all other like empowered.

SIGNATURE: RITA MELVIN

D

02/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date