

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2004 08:00 AM
Secretary of State

DOCUMENT # S01145

1. Entity Name
LEON J. ABRAM, M.D., P.A.



Principal Place of Business

950 NW 9TH CT
BOCA RATON, FL 33486

Mailing Address

950 NW 9TH CT
BOCA RATON, FL 33486



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0220208

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ABRAM, LEON J.
950 NW 9TH CT
BOCA RATON, FL 33486

**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	D
NAME	ABRAM, LEON J
STREET ADDRESS	950 NW 9TH CT
CITY ST. ZIP	BOCA RATON, FL
TITLE	D
NAME	ABRAM, DEANNE
STREET ADDRESS	950 NW 9TH CT
CITY ST. ZIP	BOCA RATON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST. ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST. ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST. ZIP	

1100000058884
02/20/04-80059-001 150.00

**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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/2004 5613629777