## 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S01145

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

Apr 21, 2010 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

950 NW 9TH CT 7815 NW BEACON SQUARE BLVD BOCA RATON, FL 33486

SUITE 101

BOCA RATON, FL 33487

**Current Mailing Address: New Mailing Address:** 

950 NW 9TH CT 7815 NW BEACON SQUARE BLVD BOCA RATON, FL 33486

SUITE 101

BOCA RATON, FL 33487

FEI Number: 65-0220208 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

ABRAM, LEON J. ABRAM, LEON J. 7815 NW BEACON SQUARE BLVD 950 NW 9TH CT

BOCA RATON, FL 33486 US SUITE 101

BOCA RATON, FL 33487 US

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: 04/21/2010

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

ABRAM, LEON J Name:

7815 NW BEACON SQUARE BLVD, SUITE 101 Address:

City-St-Zip: BOCA RATON, FL 33487

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: LEON J ABRAM, MD **PRES** 04/21/2010