

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S20615

**FILED**  
**Mar 24, 2012**  
**Secretary of State**

**Entity Name:** GISELA GARCIA-LEYVA, M.D., P.A.

**Current Principal Place of Business:**

211 4TH AVENUE NORTH  
ST. PETERSBURG, FL 33701

**New Principal Place of Business:**

**Current Mailing Address:**

211 4TH AVENUE NORTH  
ST. PETERSBURG, FL 33701

**New Mailing Address:**

FEI Number: 59-3034992

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GARCIA-LEYVA, GISELA M.D.  
211 4TH AVENUE NORTH  
ST. PETERSBURG, FL 33701 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: M.D.  
Name: GARCIA-LEYVA, GISELA  
Address: 211 4TH AVENUE NORTH  
City-St-Zip: ST. PETERSBURG, FL 33701

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: GISELA GARCIA-LEYVA, M.D.

M.D.

03/24/2012

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

\_\_\_\_\_ Date