

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S25285

**FILED**  
**Feb 03, 2012**  
**Secretary of State**

**Entity Name:** LEONARD OLMER, P.A.

**Current Principal Place of Business:**

P. O. BOX 300382  
FERN PARK, FL 32730

**New Principal Place of Business:**

518 GOODRIDGE LANE  
FERN PARK, FL 32730

**Current Mailing Address:**

P. O. BOX 300382  
FERN PARK, FL 32730

**New Mailing Address:**

**FEI Number:** 59-3105608

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OLMER, LEONARD  
518 GOODRIDGE LANE  
FERN PARK, FL 32730 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: DP  
Name: OLMER, LEONARD  
Address: 518 GOODRIDGE LANE  
City-St-Zip: FERN PARK, FL 32730

Title: DV  
Name: OLMER, VALERIE  
Address: 518 GOODRIDGE LANE  
City-St-Zip: FERN PARK, FL 32730

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: LEONARD OLMER

DP

02/03/2012

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

\_\_\_\_\_  
Date