2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S72383

Entity Name: MELINDA LEESON, P.A.

30 MAYFLOWER RD

NEEDHAM, MA

Address:

City-St-Zip:

FILED Apr 17, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7029 S. TAMIAMI TRAIL STE. A SARASOTA, FL 34231 **New Mailing Address: Current Mailing Address:** 2209 LAKEWOOD DR. NOKOMIS, FL 34275 FEI Number: 65-0282483 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: LEESON, MELINDA K. 2209 LAKEWOOD DR. NOKOMIS, FL 34275 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition LEESON, MELINDA K. Name: Name: 2209 LAKEWOOD DR Address: Address: City-St-Zip: NOKOMIS, FL 34275 City-St-Zip: Title: Title: (X) Change () Addition () Delete LEESON, A. DIX JR Name: LEESON, A. DIX JR Name:

Address:

City-St-Zip:

9 HOPEWELL FARM RD

SOUTH NATICK, MA 01760

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MELINDA K. LEESON PRES 04/17/2009