## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # V71425 1. Corporation Name

MARTIN LEON, D.D.S., P.A.

|                                                                                        |                                         |                                     |                       |                            |            |                                                                                                                                                                                                                                                               |       |         | TIL 41811 (4 <b>8</b> 1 |
|----------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------|-----------------------|----------------------------|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------|-------------------------|
| Principal Place                                                                        | of Business                             | Mailing Address                     |                       |                            |            | A 19811 diett, mani lidit ditte steel gett dente a                                                                                                                                                                                                            |       | -/=**   |                         |
| 9001-A PEMBROKE RD PEMBROKE PINES FL 33025  9001-A PEMBROKE RD PEMBROKE PINES FL 33025 |                                         |                                     |                       | DO NOT WRITE IN THIS SPACE |            |                                                                                                                                                                                                                                                               |       |         |                         |
|                                                                                        |                                         |                                     |                       |                            |            | 3. Date Incorporated or Qualifed 10/12/1992                                                                                                                                                                                                                   |       |         | <del>.</del>            |
| 2. Principal Pl                                                                        | ace of Business                         | 2a. Mailing Address                 |                       |                            |            | 4. FEI Number                                                                                                                                                                                                                                                 |       | App     | lied For                |
| 21                                                                                     |                                         | 26                                  |                       |                            |            | 65-0365115                                                                                                                                                                                                                                                    |       | Not     | Applicable              |
| Suite, Apt.                                                                            | #, etc.                                 | Suite, Apt. #, etc.                 |                       |                            |            | # - <u>-</u>                                                                                                                                                                                                                                                  | \$8   | 75 A    | dditional               |
| 27                                                                                     |                                         |                                     |                       |                            |            | 5. Certifcate of Status Desired Fee Required                                                                                                                                                                                                                  |       |         | uired                   |
| City & State                                                                           | 9                                       | City & State                        | ity & State           |                            |            | 6. Election Campaign Financing \$5.00 May Be                                                                                                                                                                                                                  |       |         |                         |
| 23                                                                                     |                                         | 28                                  | _                     |                            |            | Trust Fund Contribution                                                                                                                                                                                                                                       | A     | dded to | Fees                    |
| Zip                                                                                    | Country                                 | Zip                                 | Country               | /                          |            | 8. This corporation owes the current year int                                                                                                                                                                                                                 |       |         | _                       |
| 24                                                                                     | 25                                      | 29 30                               | L                     |                            |            | Personal Property Tax.                                                                                                                                                                                                                                        | Ye    | 5       | □No                     |
|                                                                                        | 9. Name and Address of Current          | t Registered Agent                  |                       |                            |            | 10. Name and Address of New Registered                                                                                                                                                                                                                        | Agent |         |                         |
|                                                                                        |                                         |                                     | 81                    | Na                         | ame        |                                                                                                                                                                                                                                                               |       |         |                         |
| LEON, MARTIN<br>9001-A PEMBROKE RD                                                     |                                         |                                     | 82                    | Sti                        | eet Addres | ess (P.O. Box Number is Not Acceptable)                                                                                                                                                                                                                       |       |         |                         |
| PEMI                                                                                   | Broke Pines FL 33025                    |                                     | 83                    | 1                          |            |                                                                                                                                                                                                                                                               |       |         |                         |
|                                                                                        |                                         |                                     | -                     | 1                          |            |                                                                                                                                                                                                                                                               | Tast  |         |                         |
|                                                                                        |                                         |                                     | 84                    | Cit                        | y          | · FL                                                                                                                                                                                                                                                          | 85    | Zip C   | ode                     |
| agent. I au<br>SIGNATURE                                                               | m familiar with, and accept the obligat | lions of, Section 607.0505, Florida | Statutes              | 3.                         |            | n's board of directors. I hereby accept the appointment of directors. |       |         |                         |
| 12.                                                                                    | OFFICERS AN                             | D DIRECTORS                         | 13.                   |                            |            | ADDITIONS/CHANGES TO OFFICERS AN                                                                                                                                                                                                                              |       |         |                         |
| TITLE                                                                                  | DELETE 1.1                              |                                     | 1.1 TITLE             | 1.1 TITLE                  |            |                                                                                                                                                                                                                                                               |       | ange    | ☐ Addition              |
| NAME                                                                                   | LEON, MARTIN                            |                                     | 1.2 NAME              |                            |            |                                                                                                                                                                                                                                                               |       |         |                         |
| STREET ADDRESS                                                                         | 9001-A PEMBROKE RD                      |                                     | 1.3 STREE             | T ADDF                     | RESS       |                                                                                                                                                                                                                                                               |       |         |                         |
| CITY-ST-ZIP                                                                            | PEMBROKE PINES FL                       |                                     | 1.4 CITY-S            | ST-ZIP                     |            |                                                                                                                                                                                                                                                               |       |         |                         |
| TITLE                                                                                  |                                         | ☐ DELETE                            | 2.1 TITLE             |                            | ĺ          |                                                                                                                                                                                                                                                               | □ CI  | iange   | ☐ Addition              |
| NAME                                                                                   |                                         |                                     | 2.2 NAME              |                            |            |                                                                                                                                                                                                                                                               |       |         |                         |
| STREET ADDRESS                                                                         |                                         |                                     | 2.3 STREE             | T ADDF                     | RESS       | الماري المنتقل يهوات الأالا                                                                                                                                                                                                                                   | سيد ي | _       | -                       |
| CITY-ST-ZIP                                                                            | l                                       |                                     | 2. 4 CITY-5           | ST-ZIP                     |            |                                                                                                                                                                                                                                                               |       |         | T Addition              |
| TMLE                                                                                   | ☐ DELETE 3.13                           |                                     | 3.1 TITLE             |                            |            |                                                                                                                                                                                                                                                               | C     | ange    | Addition                |
| NAME                                                                                   |                                         |                                     | 3.2 NAME              |                            |            |                                                                                                                                                                                                                                                               |       |         |                         |
| STREET ADDRESS                                                                         |                                         |                                     | 3.3 STREE             | T ADDA                     | RESS       |                                                                                                                                                                                                                                                               |       |         |                         |
| CITY-ST-ZIP                                                                            |                                         |                                     | 3.4. CITY-5           | ST-ZIP                     |            |                                                                                                                                                                                                                                                               | ПС    |         | Addition                |
| TITLE                                                                                  |                                         | ☐ DELETE                            | 4.1 TITLE             |                            |            |                                                                                                                                                                                                                                                               |       | iai iye |                         |
| NAME                                                                                   |                                         |                                     | 4. 2 NAME             |                            |            |                                                                                                                                                                                                                                                               |       |         |                         |
| STREET ADDRESS                                                                         |                                         |                                     | 4.3 STREE             |                            | RESS       |                                                                                                                                                                                                                                                               |       |         |                         |
| CITY-ST-ZIP                                                                            |                                         | C acter                             | 4.4 CITY-S            | ST-ZIP                     |            |                                                                                                                                                                                                                                                               | □ci   | 12000   | Addition                |
| TITLE                                                                                  |                                         | DELETE                              | 5.1 TITLE<br>5.2 NAME |                            |            |                                                                                                                                                                                                                                                               | Пп    | anye    |                         |
| NAME                                                                                   |                                         |                                     |                       | T 400                      | DECC       | •                                                                                                                                                                                                                                                             |       |         |                         |
| STREET ADDRESS                                                                         |                                         | ,                                   | 5.3 STREE             | : I ADD                    | (ESS)      |                                                                                                                                                                                                                                                               |       |         |                         |

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

54 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE NAME

☐ DELETE

Change

Addition

**FILED** 

Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90012 006 \*\*\*150.00