

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M35675

Entity Name: LEON MEDICAL CENTERS, INC.**Current Principal Place of Business:**8600 NW 41ST STREET
DORAL, FL 33166**Current Mailing Address:**8600 NW 41ST STREET
DORAL, FL 33166 US**FEI Number:** 65-0552951**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KOONDEL, MARK S
8600 NW 41ST STREET
DORAL, FL 33166 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**Officer/Director Detail :**

Title C
Name LEON, BENJAMIN JR.
Address 8600 NW 41ST STREET
City-State-Zip: DORAL FL 33166

Title VC, DIRECTOR
Name LEON, BENJAMIN III
Address 8600 NW 41ST STREET
City-State-Zip: DORAL FL 33166

Title D, PRESIDENT, CEO
Name MAURY, ALBERT R
Address 8600 NW 41ST STREET
City-State-Zip: DORAL FL 33166

Title VP, CFO, TREASURER, ASST.
SECRETARY
Name PARDO, ANN MARY
Address 8600 NW 41ST STREET
City-State-Zip: DORAL FL 33166

Title ASST. SECRETARY
Name KOONDEL, MARK
Address 8600 NW 41ST STREET
City-State-Zip: DORAL FL 33166

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: BENJAMIN LEON JR.

CHAIRMAN

01/25/2016

Electronic Signature of Signing Officer/Director Detail_____
Date