

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M35675

Entity Name: LEON MEDICAL CENTERS, INC.

Current Principal Place of Business:

11501 SW 40 STREET
2ND FLOOR
MIAMI, FL 33165

Current Mailing Address:

11501 SW 40 STREET
2ND FLOOR
MIAMI, FL 33165 US

FEI Number: 65-0552951

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KOONDEL, MARK S
11501 SW 40 STREET
2ND FLOOR
MIAMI, FL 33165 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 11501 SW 40 STREET 2ND FLOOR
City-State-Zip: MIAMI FL 33165

Title P
Name LEON, BENJAMIN III
Address 11501 SW 40 STREET
City-State-Zip: MIAMI FL 33165

Title S
Name LEON, LOURDES
Address 11501 SW 40 STREET
City-State-Zip: MIAMI FL 33165

Title T
Name LEON, SILVIA
Address 11501 SW 40 STREET
City-State-Zip: MIAMI FL 33165

Title D
Name MAURY, ALBERT R
Address 11501 SW 40TH STREET
City-State-Zip: MIAMI FL 33165

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 III

P

02/06/2013

Electronic Signature of Signing Officer/Director Detail

Date