

**2014 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**PRESIDENT****01/21/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date