


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90049 028 \*\*\*150.00

**DOCUMENT # P06000037050**

1. Entity Name  
**LEIF DAHLEEN, M.D., P.A.**



Principal Place of Business  
**201 SE 2ND AVENUE  
 SUITE 322  
 GAINESVILLE, FL 32601**

Mailing Address  
**201 SE 2ND AVENUE  
 SUITE 322  
 GAINESVILLE, FL 32601**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



02272007 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-4612372</b>		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>DAHLEEN, LEIF 201 SE 2ND AVENUE SUITE 322 GAINESVILLE, FL 32601</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Leif Dahleen* DATE: 2/28/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DAHLEEN, LEIF</b> <b>201 SE 2ND AVENUE #322</b> <b>GAINESVILLE, FL 32601</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Leif Dahleen* DATE: 2/28/07 DAYTIME PHONE #: 352.871.6639

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #