

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000037050

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

**Current Principal Place of Business:**

434 TYROL DR  
BRAINERD, MN 56401

**Current Mailing Address:**

434 TYROL DR  
BRAINERD, MN 56401 US

**FEI Number:** 20-4612372

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WIMMER, LISA  
3830 OSPREY POINT CIRCLE  
WINTER HAVEN, FL 33884 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            PRES  
Name            DAHLEEN, LEIF  
Address        434 TYROL DR  
City-State-Zip: BRAINERD MN 56401

*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:** LEIF DAHLEEN

**PRESIDENT**

**01/12/2014**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date