

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000011340

**Entity Name:** CARRIE LANDESS, M.D., P.A.

**Current Principal Place of Business:**

1190 NW 95TH STREET  
STE 204  
MIAMI, FL 33150

**Current Mailing Address:**

1190 NW 95TH STREET  
STE 204  
MIAMI, FL 33150 US

**FEI Number:** 65-0736955

**Certificate of Status Desired:** No

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

LANDESS, CARRIE  
6122 N.W. 175TH TERRACE  
MIAMI LAKES, FL 33015 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            P  
Name            LANDESS, CARRIE  
Address        6122 N.W. 175TH TERRACE  
City-State-Zip: MIAMI LAKES FL 33015

Title            D  
Name            SERRANO, YVETTE  
Address        1624 NW 144TH WAY  
City-State-Zip: PEMBROKE PINES FL 33028

*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:** CARRIE LANDESS

**MD**

**03/22/2013**

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

\_\_\_\_\_  
Date