

**2017 FLORIDA PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P00000011340

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

**Current Principal Place of Business:**

16855 NE 2ND AVENUE  
STE 102  
NORTH MIAMI, FL 33162

**Current Mailing Address:**

16855 NE 2ND AVENUE  
STE 102  
NORTH MIAMI, FL 33162 US

**FEI Number:** 65-0736955

**Certificate of Status Desired:** Yes

**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:** CARRIE LANDESS

02/16/2017

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 ADMINISTRATOR  
Name LANDESS, DAVID  
Address 16855 NE 2ND AVENUE  
STE 102  
City-State-Zip: NORTH MIAMI FL 33162

*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:** DAVID LANDESS

ADMINISTRATOR

02/16/2017

Electronic Signature of Signing Officer/Director Detail

Date