

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 10, 2004 8:00 am
Secretary of State

DOCUMENT #

1. Entity Name

675994



JOSE F. LANDA, M.D., PA

06-10-2004 90190 001 *****8.75

06-10-2004 90190 002 ***150.00

DO NOT WRITE IN THIS SPACE

66427766

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2011662

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
LANDA, JOSE F
1911 SW 135TH AVE
MIAMI, FL 33175

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

06-07-04 (305) 444-5864

CR2E034B (12/02)

Attachment

JOSE F. LANDA, M.D., F.C.C.P.
PROFESSIONAL ASSOCIATION
TELEPHONE (305) 444-1411
(305) 444-LUNG

106427744
#675994

DIPLOMATE OF AMERICAN BOARDS
OF INTERNAL MEDICINE AND
PULMONARY DISEASES

620 S.W. LE JEUNE RD.
MIAMI, FLORIDA 33134

June 8, 2004

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Subject: Please waive the penalty for filing after May 1, 2004

To Whom It May Concern:

Since January 20, 1980 we have a corporation organized under the Laws of the State of Florida. This is the first time we are late on the payment.

Reasons: First, we did not receive the forms. I called and asked for the forms and they sent it. However, we received them on March 2004.

Although, the forms got here on time it was my fault on the delay. I'd like to take the time to introduce myself and explain why this occurred. My name is Maria T. Landa, I am Dr. Landa's wife and I have been taking care of all his important business since he began his practice. But on September 29, 2004 I underwent through a major surgery which further delayed and set back my schedule.

Sincerely,

Maria T. Landa

Mrs. Maria T. Landa

Enclosures: Check#3794 [Document#675994]
Check#3795 [Certificate of Status Desired for \$150.00]