

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 19, 2005 8:00 am
Secretary of State

07-19-2005 90042 001 ***150.00
07-19-2005 90042 002 *****8.75

DOCUMENT # 675994

1. Entity Name
JOSE F. LANDA M.D., P.A.



Principal Place of Business

**620 S.W. LEJEUNE RD.
MIAMI, FL 33134**

Mailing Address

**620 S.W. LEJEUNE RD.
MIAMI, FL 33134**

66024778



DO NOT WRITE IN THIS SPACE

07112005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2011662

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ALVAREZ, OSCAR M
3381 S.W. 140TH AVENUE
MIAMI, FL 33175**

**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 _____

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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 135 AVE
MIAMI FL,**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 Block 11 if changed, 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 #

07-12-05 (305-444-1411)

ATTACHMENT

JOSE F. LANDA, M.D., F.C.C.P.

PROFESSIONAL ASSOCIATION

TELEPHONE (305) 444-1411
(305) 444-LUNG

DIPLOMATE OF AMERICAN BOARDS
OF INTERNAL MEDICINE AND
PULMONARY DISEASES

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

66024778
675994

July 12, 2005

CERTIFIED MAIL

Division of Corporations
PO Box 6198
Tallahassee, FL 32314

Subject: Please waive the penalty for filing after May 1, 2005

To Whom It May Concern:

Since January 20, 1980 we have a corporation organized under the Laws of The State of Florida.

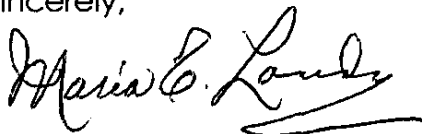
We are late on this payment.

Reason: First we did not receive the forms. This happened last year too.

We don't know why it is happening again.

My name is Maria T. Landa. I am Dr. Landa's wife. I always try to take care of all his important business, and this is one of them.

Sincerely,



Maria T. Landa

Enclosure: Check#: 3777 [Document#: 675994]