


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

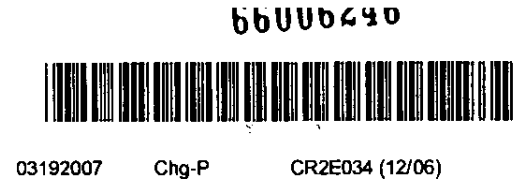
**FILED**  
**Mar 22, 2007 8:00 am**  
**Secretary of State**

03-22-2007 90140 001 \*\*\*\*\*8.75  
03-22-2007 90140 002 \*\*\*150.00

<b>DOCUMENT # 675994</b>	
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
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



6. Name and Address of Current Registered Agent <b>ALVAREZ, OSCAR M.</b> 3381 S.W. 140TH AVENUE MIAMI, FL 33175		7. Name and Address of New Registered Agent Name <b>MARIA-T-LANDA</b> Street Address (P.O. Box Number is Not Acceptable) <b>1911 S.W. 135 AVENUE</b> City <b>MIAMI</b> FL Zip Code <b>33175</b>	
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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 *Maria T. Landa* DATE **03-19-2007**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANDA, JOSE F 1911 SW 135 AVE MIAMI FL. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Jose F Landa MD* DATE **03-19-2007** (786-218-9894)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #