




FILED

Jul 10, 2007 08:00 AM
Secretary of State2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F82988 1. Entity Name STEPHEN E. LANDAY, M.D., P.A.			
Principal Place of Business C/O STEPHEN E. LANDAY, M.D. 7109 NORTHWEST 11TH PLACE, SUITE E GAINESVILLE, FL 32605		Mailing Address C/O STEPHEN E. LANDAY, M.D. 7109 NORTHWEST 11TH PLACE, SUITE E GAINESVILLE, FL 32605	
DO NOT WRITE IN THIS SPACE			
			
		07032007 No Chg-P CR2E034 (11/05)	
4. FEI Number 59-2193529		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LANDAY, STEPHEN E., M.D. 7109 NORTHWEST 11TH PLACE, SUITE E GAINESVILLE, FL 32605		DO NOT WRITE IN THIS SPACE	
7. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		<div>U00000767498</div> <div>07/10/07-80007-004 550.00</div> DO NOT WRITE IN THIS SPACE	
TITLE	PST		
NAME	LANDAY, STEPHEN E MD		
STREET ADDRESS	7109 NW 11TH PL		
CITY-ST-ZIP	GAINESVILLE, FL		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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: 		17607 1352-331-6830	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	