

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F82988

1. Entity Name
STEPHEN E. LANDAY, M.D., P.A.



FILED
Feb 26, 2008 08:00 A
Secretary of State

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



01152008 No Chg-P CR2E034 (11/05)

4. FEI Number

59-2193529

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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**

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 \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

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: *Stephen E. Landay*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/08
Date

352-331-6830
Daytime Phone #