

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90092 007 ***150.00

DOCUMENT # **L44534**

1. Corporation Name

MILES M. LANDIS, M.D., P.A.



Principal Place of Business

**4106 W. LAKE MARY BOULEVARD
STE 325
LAKE MARY FL 32746
US**

Mailing Address

**4106 W. LAKE MARY BOULEVARD
STE 325
LAKE MARY FL 32746
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/01/1990

4. FEI Number

59-2986633

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 410 waymont CT

2a. Mailing Address

26 410 waymont CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Lake Mary FL

City & State

28 Lake Mary FL

Zip

24 32746

Country

25 US

Zip

29 32746

Country

30 US

9. Name and Address of Current Registered Agent

**LANDIS, MILES M.
4106 W. LAKE MARY BOULEVARD
LAKE MARY FL 32746**

10. Name and Address of New Registered Agent

81 Name

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

410 waymont CT

83

84 City

Lake Mary

FL

85 Zip Code
32746

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **LANDIS, MILES M. M.D.**

STREET ADDRESS **4106 W. LAKE MARY BOULEVARD**

CITY-ST-ZIP **LAKE MARY FL**

TITLE **S** ☐ DELETE

NAME **ALBER, THOMAS**

STREET ADDRESS **4106 W LAKE MARY BLVD**

CITY-ST-ZIP **LAKE MARY FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

410 waymont CT

Lake Mary, FL 32746

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

410 waymont CT.

Lake Mary, FL 32746

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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 #

Miles M. Landis

2/26/99

(407)-323-3550

CR2E034 (1/98)