

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L44534

FILED
Jan 04, 2005
Secretary of State

Entity Name: MILES M. LANDIS, M.D., P.A.

Current Principal Place of Business:

410 WAYMONT CT
LAKE MARY, FL 32746 US

New Principal Place of Business:

Current Mailing Address:

410 WAYMONT CT
LAKE MARY, FL 32746 US

New Mailing Address:

FEI Number: 59-2986633

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANDIS, MILES M.
410 WAYMONT CT
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LANDIS, MILES M. M.D., .
Address: 410 WAYMONT CT
City-St-Zip: LAKE MARY, FL 32746

Title: T () Delete
Name: ROQUE, MARK
Address: 410 WAY MONT CT
City-St-Zip: LAKE MARY, FL 32746

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Change (X) Addition
Name: HILLOCK, KAREN J
Address: 410 WAYMONT CT
City-St-Zip: LAKE MARY, FL 32746

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MILES M. LANDIS, M.D.

P

01/04/2005

Electronic Signature of Signing Officer or Director

_____ Date