

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90024 041 ***158.75



DOCUMENT # P02000092690
 1. Entity Name
LANA MEDICAL CARE, P.A.

Principal Place of Business Mailing Address
18 BOVARD AVENUE **18 BOVARD AVENUE**
SUITE B **SUITE B**
ORMOND BEACH, FL 32176 **ORMOND BEACH, FL 32176**



2. Principal Place of Business 3. Mailing Address
LANA MEDICAL CARE PA **LANA MEDICAL CARE PA**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
73 WEST GRANADA BLVD **73 WEST GRANADA BLVD**

03012004 Chg-P CR2E034 (10/03)

City & State City & State
ORMOND BEACH FL **ORMOND BEACH FL**
 Zip Country Zip Country
32179 **FLORIDA** **32179** **FLORIDA**

4. FEI Number Applied For
33-1019312 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

LARRAZABAL, CHRISTOPHER
280 GULL DRIVE, SOUTH
DAYTONA BEACH, FL 32119

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARRAZABAL, CHRISTOPHER	NAME	
STREET ADDRESS	280 GULL DRIVE, SOUTH	STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH, FL 32119	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 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: _____ **3/1/04** **386-676-2779**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #