

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000092690

Entity Name: LANA MEDICAL CARE, P.A.

FILED
Feb 12, 2009
Secretary of State

Current Principal Place of Business:

LANA MEDICAL CARE PA
73 WEST GRANADA BLVD.
ORMOND BEACH, FL 32174

New Principal Place of Business:

LANA MEDICAL CARE PA
500 MEMORIAL CIR STE A
ORMOND BEACH, FL 32174

Current Mailing Address:

LANA MEDICAL CARE PA
73 WEST GRANADA BLVD.
ORMOND BEACH, FL 32174

New Mailing Address:

LANA MEDICAL CARE PA
500 MEMORIAL CIR STE A
ORMOND BEACH, FL 32174

FEI Number: 33-1019312

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LARRAZABAL, CHRISTOPHER
280 GULL DRIVE, SOUTH
DAYTONA BEACH, FL 32119 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: D () Delete
Name: LARRAZABAL, CHRISTOPHER
Address: 280 GULL DRIVE, SOUTH
City-St-Zip: DAYTONA BEACH, FL 32119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CHRISTOPHER LARRAZABAL

PRES

02/12/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date