

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000092690

Entity Name: LANA MEDICAL CARE, P.A.

FILED  
Feb 28, 2012  
Secretary of State

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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

**OFFICERS AND DIRECTORS:**

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

I hereby 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 all other like empowered.

SIGNATURE: CHRISTOPHER LARRAZABAL

D

02/28/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date