

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000055735

FILED
Oct 30, 2008
Secretary of State

Entity Name: LANDMARK PRIMARY CARE, P.A.

Current Principal Place of Business:

2221 NORTH HIMES
TAMPA, FL 33607

New Principal Place of Business:

2221 NORTH HIMES
C
TAMPA, FL 33607

Current Mailing Address:

2221 NORTH HIMES
TAMPA, FL 33607

New Mailing Address:

2221 NORTH HIMES
C
TAMPA, FL 33607

FEI Number: 14-1956886

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUANY, ANTHONY T
2221 NORTH HIMES BOULEVARD
SUITE C
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

DUANY, ANTHONY T DR.
2221 NORTH HIMES BOULEVARD
SUITE C
TAMPA, FL 33607 US

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: ANTHONY T. DUANY,MD

10/30/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: DUANY, ANTHONY T
Address: 213 S. GUNLOCK AVE.
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: DUANY, ANTHONY T MD
Address: 213 S. GUNLOCK AVE.
City-St-Zip: TAMPA, FL 33609

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: ANTHONY T. DUANY,MD

DR.

10/30/2008

Electronic Signature of Signing Officer or Director

Date