

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000055735

**FILED**  
**Feb 01, 2011**  
**Secretary of State**

**Entity Name:** LANDMARK PRIMARY CARE, P.A.

**Current Principal Place of Business:**

2221 NORTH HIMES  
C  
TAMPA, FL 33607

**New Principal Place of Business:**

2221 NORTH HIMES AV.  
C  
TAMPA, FL 33607

**Current Mailing Address:**

2221 NORTH HIMES  
C  
TAMPA, FL 33607

**New Mailing Address:**

2221 NORTH HIMES AV.  
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 DR.  
2221 NORTH HIMES BOULEVARD  
SUITE C  
TAMPA, FL 33607 US

**Name and Address of New Registered Agent:**

DUANY, ANTHONY T DR.  
2221 NORTH HIMES AV.  
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

02/01/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: DUANY, ANTHONY T MD  
Address: 113 GRADY AV.  
City-St-Zip: TAMPA, FL 33609

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: ANTHONY T DUANY,MD

DR

02/01/2011

Electronic Signature of Signing Officer or Director

Date