2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State
03-02-2004 90019 044 ***150.00

DOCUMENT # P99000001882

1. Entity Name

BRUCE N. LANDON, M.D., P.A.

Principal Place of Business	Mailing Address
14012 U.S. HIGHWAY 19 HUDSON FL 34667-1165	14012 U.S. HIGHWAY 19 HUDSON FL 34667-1165

MOORE CR2E034 (11/03)

2. Principal Place of Business		3. Mailing Address	
1813 Wellness Ln.		1813 Wellness Ln	
Suite, Apt. #, etc. New Port Richey, Florida		Suite, Apt. #, etc. New Port Richey, Florida	
City & State		City & State	
Zip 34655	Country U.S.	Zip 34655	Country U.S.

4. FEI Number 59-3551188 ☐ Applied For ☐ 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
LANDON, BRUCE N 14012 U.S. HIGHWAY 19 HUDSON FL 34667-1165	Name Landon, Bruce N. Street Address (P.O. Box Number is Not Acceptable) 1813 Wellness Lane. City New Port Richey FL Zip Code 34655

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 ____________ 2/10/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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 NAME STREET ADDRESS CITY-ST-ZIP	D LANDON, BRUCE N 14012 U.S. HIGHWAY 19 HUDSON FL 34667-1165	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Landon, Bruce N. 1813 Wellness Lane New Port Richey, Florida 34655	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: ____________ 2/10/04 727 376-3999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #