

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000001882

Entity Name: BRUCE N. LANDON, M.D., P.A.

FILED
Apr 21, 2008
Secretary of State

Current Principal Place of Business:

1813 WELLNESS LN.
NEW PORT RICHEY, FL 34655

New Principal Place of Business:

Current Mailing Address:

1813 WELLNESS LN.
NEW PORT RICHEY, FL 34655

New Mailing Address:

FEI Number: 59-3551188

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERNDON, BIRAN
795 SE PORT ST LUCIE BLVD
NEW PORT RICHEY, FL 34655 US

Name and Address of New Registered Agent:

HERNDON, BIRAN
1971 SE PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34952 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: _____

Electronic Signature of Registered Agent

04/21/2008

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MD () Delete
Name: LANDON, BRUCE N
Address: 1813 WELLNESS LANE
City-St-Zip: NEW PORT RICHEY, FL 34655

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: CHERYL LANDON

Electronic Signature of Signing Officer or Director

MRS.

04/21/2008

Date