## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # S61237 (1) 1. Corporation Name  DWIGHT D. LANDMANN, M.D., P.A.								
trincipal Place of Business 1541 SW 1ST AVE. SUITE 105 OCALA FL 32671		Mailing Address  1541 SW 1ST AVE. SUITE 105 OCALA FL 32671		T LEBERUL IND DIERS HOUR HOURS SEIT	( 1881 UIU) ( UIU)		EHEAL DIONI ABOU	
					<ol> <li>Date Incorporated or Qualified 06/17/1991</li> </ol>		of Last Re 4/19/198	
. Principal Pla	nce of Business	2a. Mailing Address 26		4. FEI Number 59-3077670	Applied For Not Applicabl			
Suite Apt. •	#, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired		\$8.75	Additional Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution			00 May Be	
1 Zip	Country 25	7ip Country 29 30		у	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No			
i	9. Name and Address of Curr				10. Name and Address of New R		Agent	
-	o, mano and Address of Cult	regiotorea rigorit	81	I Name	19. HARITO GITO ADDIOSO OF HER I	- Aigroian i	- gviit	
LANDMANN, DWIGHT D. 1541 SW 1ST AVE SUITE 105			82		ess (P.O. Box Number is Not Acceptab	Not Acceptable)		
			83	3				
	LI 24474							
or register familiar wit	a the provisions of Sections 607.05	orida. Such change was authori.	zed by the corp	-pamed corror	ration submits this statement for the pur of directors. I hereby accept the appo	FL pose of cha pintment as	inging its r	o Code egistered offici agent. I am
Pursuant to register familiar with the pursuant to the pu	o the provisions of Sections 607.05 and agent, or both, in the State of Fig. 1, and accept the obligations of, Sections of sections of sections of sections of sections of sections of sections.	orida, Such change was authori, ection 607,0505, Florida Statute ent and their applicable. (N NN) DIRECTORS	tes, the above- zed by the corp s. OTE Registered Age	-named corpor poration's boar and signature required	rd of directors. Thereby accept the appo	pose of cha pintment as DATE ICERS AND	inging its registered	egistered offici agent. I am RS IN 12
1. Porsuant to register familiar with GNATURE 2.	o the provisions of Sections 607.05 ed agent, or both, in the State of Fig. 1, and accept the obligations of, Section 1 or protection of registres agency of FFICERS A D LANDMANN, DWIGHT D 1541 SW 1ST AVE #105	oricla, Such change was authori, ection 607.0505, Florida Statute eart and tille mappinació. (N	tes, the above-zed by the corps.  OTE: Registered Age  13. 1 1 TIFLE 1 2 NAME 1.3 STREE	named corpor poration's boar enl signature required	rd of directors. I hereby accept the appointment of directors.	pose of cha pintment as DATE ICERS AND	inging its registered	egistered offic agent. I am
1. Persuant to register familiar with GNATURE 2. THE MARK TABURESS TY STAP 1. F	o the provisions of Sections 607.05 ed agent, or both, in the State of Ficth, and accept the obligations of, Sections response agreement to the provisions of the State of the	orida, Such change was authori, ection 607,0505, Florida Statute ent and their applicable. (N NN) DIRECTORS	tes, the above- zed by the corp s.  OTE: Registered Age  13.  1 1 TITLE 1 2 NAME 1.3 STREE 1 4 CITY- 2 1 TITLE	named corpor poration's boar signature required at ADDRESS ST. ZIP	rd of directors. I hereby accept the appointment of directors.	pose of cha bintment as DATE ICERS AND	inging its registered	egistered offici agent. I am RS IN 12
1. Persoant to register familiar with programmer with programmer control of the c	o the provisions of Sections 607.05 ed agent, or both, in the State of Fig. 1, and accept the obligations of, Section 1 or protection of registres agency of FFICERS A D LANDMANN, DWIGHT D 1541 SW 1ST AVE #105	orida, Such change was authori, ection 607,0505, Florida Statute out and the mappinate	tes, the above- zed by the corp s.  13. 1 1 TITLE 12 NAME 1.3 STREE 1.4 CITY- 2 1 TITLE 22 NAME 2.3 STREE	named corpor poration's boar signature required at ADDRESS ST-ZIP	rd of directors. I hereby accept the appointment of directors.	pose of cha bintment as DATE ICERS AND	inging its riversed	egistered officiagent. I am  RS IN 12  Addition
Pursuant tor register familiar wit  GNATURE	o the provisions of Sections 607.05 ed agent, or both, in the State of Fig. 1, and accept the obligations of, Section 1 or protection of registres agency of FFICERS A D LANDMANN, DWIGHT D 1541 SW 1ST AVE #105	orida, Such change was authori, ection 607,0505, Florida Statute out and the mappinate	tes, the above- zed by the corp s.  OTE: Registered Age  13.  1 1 TITLE 1 2 NAME 1.3 STREE 1 4 CITY- 2 1 TITLE 22 NAME	-named corpor poration's boar seri signature required ET ADDRESS S1-ZIP	rd of directors. I hereby accept the appointment of directors.	DATE ICERS AND	inging its riversed	egistered officiagent. I am  RS IN 12  Addition
1. Porsuant to register familiar with increasing the familiar with increasing the familiar with increasing the factors. The familiar factors for the familiar factors.	o the provisions of Sections 607.05 ed agent, or both, in the State of Fig. 1, and accept the obligations of, Section 1 or protection of registres agency of FFICERS A D LANDMANN, DWIGHT D 1541 SW 1ST AVE #105	orida, Such change was authori, ection 607.0505, Florida Statute  ***1 and the magninach(N  INTO DIRECTORS  ☐ DELETE	tes, the above- zed by the corp s.  13. 1 1 TifLE 1 2 NAME 1.3 SIREE 2 1 TIFLE 2 2 NAME 2 3 SIREE 2 4 City- 3 1 TifLE 3 2 NAME 3 3 SIREE 3 3 SIREE	-named corpor poration's boar signature required to the signature requ	rd of directors. I hereby accept the appointment of directors.	DATE ICERS AND	DIRECTO Change	egistered office agent. I am  RS IN 12 Addition Addition
1. Persoant to register familiar with corregister familiar with the common terms of the corresponding to the corre	o the provisions of Sections 607.05 ed agent, or both, in the State of Fig. 1, and accept the obligations of, Section 1 or protection of registres agency of FFICERS A D LANDMANN, DWIGHT D 1541 SW 1ST AVE #105	orida, Such change was authori, ection 607.0505, Florida Statute  ***1 and the magninach(N  INTO DIRECTORS  ☐ DELETE	tes, the above- zed by the corp s.  13. 1 1 Tifue 1 2 NAME 1.3 SIREE 2 1 TIJUE 2 2 NAME 2 3 SIREE 2 4 City- 3 1 Tifue 3 2 NAME	-named corpor poration's board signature required signature required standards ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP	rd of directors. I hereby accept the appointment of directors.	DATE ICERS AND	DIRECTO Change	egistered office agent. I am  RS IN 12 Addition Addition
1. Personni tor register familiar with programmer with programmer control of the	o the provisions of Sections 607.05 ed agent, or both, in the State of Fig. 1, and accept the obligations of, Section 1 or protection of registres agency of FFICERS A D LANDMANN, DWIGHT D 1541 SW 1ST AVE #105	orida, Such change was authori, ection 607,0505, Florida Statute  vert a viditile ir appricació: (N  INM) DIRECTORS  DELETE  DELETE	tes, the above- zed by the corp s.  OTE Registered Age  13.  1 1 TIPLE 12 NAME 13 STREE 14 CITY- 2 1 TIPLE 22 NAME 23 STREE 32 NAME 33 STREE 34 CITY- 4 1 TIPLE 42 NAME	-named corpor poration's board signature required stranders strand	rd of directors. I hereby accept the appointment of directors.	DATE ICERS AND	DIRECTO Change Change	egistered office agent. I am  RS IN 12 Addition Addition
1. Personni tor register familiar with property with the property of the prope	o the provisions of Sections 607.05 ed agent, or both, in the State of Fig. 1, and accept the obligations of, Section 1 or protection of registres agency of FFICERS A D LANDMANN, DWIGHT D 1541 SW 1ST AVE #105	orida, Such change was authori, ection 607,0505, Florida Statute  vert a viditile ir appricació: (N  INM) DIRECTORS  DELETE  DELETE	tes, the above- zed by the corp s.  13.  1 1 THLE 12 NAME 1.3 STREE 24 CHY- 3 1 THLE 32 NAME 33 STREE 34 CHY- 4 1 THLE 42 NAME 43 STREE 42 NAME 43 STREE	-named corpor poration's board signature required signature required standards standar	rd of directors. I hereby accept the appointment of directors.	DATE ICERS AND	DIRECTO Change Change	egistered office agent. I am  RS IN 12 Addition Addition
1. Personni tor register familiar with property of the propert	o the provisions of Sections 607.05 ed agent, or both, in the State of Fig. 1, and accept the obligations of, Section 1 or protection of registres agency of FFICERS A D LANDMANN, DWIGHT D 1541 SW 1ST AVE #105	orida. Such change was authori. ection 607.0505, Florida Statute ent and the magnicatin. (N INM) DIRECTORS  DELETE  DELETE	tes, the above- zed by the corp s.  13.  1 1 THLE 12 NAME 13 STREE 14 CITY- 2 1 THLE 22 NAME 23 STREE 24 CITY- 3 1 THLE 32 NAME 33 STREE 42 NAME 43 STREE 44 CITY- 5 1 THLE 52 NAME	-named corpor poration's board signature required at ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP	rd of directors. I hereby accept the appointment of directors.	DATE ICERS AND	DIRECTO Change Change Change	egistered office agent. I am  RS IN 12 Addition Addition Addition Addition
1. Personni tor register familiar with or register familiar with its IRSNATURE.  2. THE AME INTELLATION OF THE INTELLATION OF T	o the provisions of Sections 607.05 ed agent, or both, in the State of Fig. 1, and accept the obligations of, Section 1 or protection of registres agency of FFICERS A D LANDMANN, DWIGHT D 1541 SW 1ST AVE #105	orida. Such change was authori. ection 607.0505, Florida Statute ent and the magnicatin. (N INM) DIRECTORS  DELETE  DELETE	tes, the above- zed by the corp s.  13.  1 1 THLE 12 NAME 13 STREE 24 CHY- 3 1 THLE 32 NAME 33 STREE 44 CHY- 4 1 THLE 42 NAME 43 STREE 44 CHY- 51 THLE 52 NAME 53 STREE	-named corpor poration's board signature required in signature req	rd of directors. I hereby accept the appointment of directors.	DATE ICERS AND	DIRECTO Change Change Change	egistered office agent. I am  RS IN 12 Addition Addition Addition

certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that ham an officer or director of the corporation or the seceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an uttachment with an address SIGNATURE:

OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-627-8152