

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000092690

**Entity Name:** LANA MEDICAL CARE, P.A.

**Current Principal Place of Business:**

LANA MEDICAL CARE PA  
500 MEMORIAL CIR STE A  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

LANA MEDICAL CARE PA  
500 MEMORIAL CIR STE A  
ORMOND BEACH, FL 32174

**FEI Number:** 33-1019312

**Certificate of Status Desired:** Yes

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

LARRAZABAL, CHRISTOPHER  
500 MEMORIAL CIR  
STE A  
ORMOND BEACH, FL 32174 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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name LARRAZABAL, CHRISTOPHER  
Address 500 MEMORIAL CIR  
STE A  
City-State-Zip: ORMOND BEACH FL 32174

*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:** CHRISTOPHER LARRAZABAL

**DIRECTOR/PRESIDENT**

**04/24/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date