# SIGNATURE: ANTHONY T DUANY,MD

Electronic Signature of Signing Officer/Director Detail

# 2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000055735

Entity Name: LANDMARK PRIMARY CARE PA

#### **Current Principal Place of Business:**

2221 NORTH HIMES AV. C TAMPA, FL 33607

### **Current Mailing Address:**

2221 NORTH HIMES AV. C TAMPA, FL 33607 US

### FEI Number: 14-1956886

### Name and Address of Current Registered Agent:

DUANY, ANTHONY TDR. 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:

Electronic Signature of Registered Agent

### **Officer/Director Detail :**

Title	PSTD	Title	SECRETARY, DIRECTOR
Name	DUANY, MD, ANTHONY TMD	Name	ROPIZA, JOAN CARMEN
Address	405 N HUBERT AVE. APT 103 A103	Address	2221 NORTH HIMES AV. C
City-State-Zip:	TAMPA FL 33609	City-State-Zip:	TAMPA FL 33607

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.

OWNER

03/14/2025 Date

Date

FILED Mar 14, 2025 Secretary of State 7199778374CC

Certificate of Status Desired: Yes