

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000055735

**Entity Name:** LANDMARK PRIMARY CARE, P.A.

**Current Principal Place of Business:**

2221 NORTH HIMES AV.  
C  
TAMPA, FL 33607

**Current Mailing Address:**

2221 NORTH HIMES AV.  
C  
TAMPA, FL 33607

**FEI Number:** 14-1956886

**Certificate of Status Desired:** No

**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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PSTD  
Name DUANY, ANTHONY TMD  
Address 10713 ASHFORD OAKS DR.  
City-State-Zip: TAMPA FL 33625

Title SECRETARY, DIRECTOR  
Name ROPIZA, JOAN CARMEN  
Address 2221 NORTH HIMES AV.  
C  
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.*

**SIGNATURE:** ANTHONY T DUANY,MD

**MD OWNER**

**04/12/2017**

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

\_\_\_\_\_  
Date