

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000057188

**Entity Name:** JOHN LANDIS, DDS, P.A.

**Current Principal Place of Business:**

472 JACKSONVILLE DR  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

472 JACKSONVILLE DR  
JACKSONVILLE BEACH, FL 32250 US

**FEI Number:** 47-4485014

**Certificate of Status Desired:** No

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

LANDIS, JOHN F.  
472 JACKSONVILLE DR  
JACKSONVILLE BEACH, FL 32250 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:** JOHN F. LANDIS, DDS

01/21/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name LANDIS, JOHN F.  
Address 472 JACKSONVILLE DR  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title VP  
Name LANDIS, JOHN F.  
Address 472 JACKSONVILLE DR.  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title T  
Name LANDIS, JOHN F.  
Address 472 JACKSONVILLE DR  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title SECRETARY  
Name LANDIS, JOHN F  
Address 472 JACKSONVILLE DR  
City-State-Zip: JACKSONVILLE BEACH FL 32250

*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:** JOHN LANDIS

DV

01/21/2025

Electronic Signature of Signing Officer/Director Detail

Date