

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000001882

**Entity Name:** BRUCE N. LANDON, M.D., P.A.

**Current Principal Place of Business:**

1813 WELLNESS LN.  
NEW PORT RICHEY, FL 34655

**Current Mailing Address:**

1813 WELLNESS LN.  
NEW PORT RICHEY, FL 34655

**FEI Number:** 59-3551188

**Certificate of Status Desired:** No

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

STEAGER, KIM  
1813 WELLNESS LN.  
NEW PORT RICHEY, FL 34655 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:** KIM STEAGER

04/09/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title MD  
Name LANDON, BRUCE N  
Address 1813 WELLNESS LANE  
City-State-Zip: NEW PORT RICHEY FL 34655

*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:** BRUCE LANDON

OWNER

04/09/2019

Electronic Signature of Signing Officer/Director Detail

Date