


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 01, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F94000003392 1. Entity Name GLENN CLARK, M.D., P.C.	
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Principal Place of Business 4542 OAKWOOD DR. MARIANNA, FL 32446-6578	Mailing Address 4542 OAKWOOD DR MARIANNA, FL 32446
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**DO NOT WRITE IN THIS SPACE**



01212005 No Chg-P CR2E034 (10/03)

4. FEI Number 63-0718422	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

CLARK, GLENN L  
 4542 OAKWOOD DR  
 MARIANNA, FL 32446

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPS CLARK, GLENN L 4542 OAKWOOD DR. MARIANNA, FL 32446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CLARK, GEORGE R 4542 OAKWOOD DRIVE MARIANNA, FL 32446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CLARK, ADAM M 4542 OAKWOOD DRIVE MARIANNA, FL 32446
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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Glenn L. Clark Glenn L. Clark      25 Jan 05      850-718-2580

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #