


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # F94000003392

1. Entity Name
GLENN CLARK, M.D., P.C.



Principal Place of Business Mailing Address

4542 OAKWOOD DR. **4542 OAKWOOD DR**
MARIANNA, FL 32446-6578 **MARIANNA, FL 32446**

DO NOT WRITE IN THIS SPACE



02282006 No Chg-P CR2E034 (11/05)

4. FEI Number
63-0718422 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
 Fee Required

6. Name and Address of Current Registered Agent

CLARK, GLENN L
4542 OAKWOOD DR
MARIANNA, FL 32446

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------|
| TITLE | CPS |
| NAME | CLARK, GLENN L |
| STREET ADDRESS | 4542 OAKWOOD DR. |
| CITY-ST-ZIP | MARIANNA, FL 32446 |
| TITLE | V |
| NAME | CLARK, GEORGE R |
| STREET ADDRESS | 4542 OAKWOOD DRIVE |
| CITY-ST-ZIP | MARIANNA, FL 32446 |
| TITLE | V |
| NAME | CLARK, ADAM M |
| STREET ADDRESS | 4542 OAKWOOD DRIVE |
| CITY-ST-ZIP | MARIANNA, FL 32446 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Mar 06 850-526-7564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #