

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000003392

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

FILED  
Feb 20, 2010  
Secretary of State

**Current Principal Place of Business:**

4542 OAKWOOD DR.  
MARIANNA, FL 324466578

**New Principal Place of Business:**

**Current Mailing Address:**

4542 OAKWOOD DR  
MARIANNA, FL 32446

**New Mailing Address:**

FEI Number: 63-0718422

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CLARK, GLENN L  
4542 OAKWOOD DR  
MARIANNA, FL 32446 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: CLARK, GLENN L  
Address: 4542 OAKWOOD DR.  
City-St-Zip: MARIANNA, FL 32446

Title: DIR  
Name: CLARK, GEORGE R  
Address: 4542 OAKWOOD DRIVE  
City-St-Zip: MARIANNA, FL 32446

Title: DIR  
Name: CLARK, ADAM M  
Address: 4542 OAKWOOD DRIVE  
City-St-Zip: MARIANNA, FL 32446

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: DR. GLENN CLARK

PRES

02/20/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date