

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000015432

FILED  
Jan 04, 2012  
Secretary of State

**Entity Name:** GLM HEALTHCARE SERVICES, INC.

**Current Principal Place of Business:**

951 BROKEN SOUND PARKWAY  
SUITE 150  
BOCA RATON, FL 33487 US

**New Principal Place of Business:**

**Current Mailing Address:**

951 BROKEN SOUND PARKWAY  
SUITE 150  
BOCA RATON, FL 33487 US

**New Mailing Address:**

**FEI Number:** 81-0595809

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WINTER, DAVID  
951 BROKEN SOUND PARKWAY  
SUITE 150  
BOCA RATON, FL 33487 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

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: WINTER, DAVID  
Address: 102 N.E. 2ND ST. #258  
City-St-Zip: BOCA RATON, FL 33432 US

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: DAVID WINTER

PST

01/04/2012

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

\_\_\_\_\_ Date