

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000156836

Entity Name: MARSHALL GLADNICK, INC.

FILED  
Jan 27, 2005  
Secretary of State

**Current Principal Place of Business:**

2022 S. BABCOCK STREET  
MELBOURNE, FL 32907

**New Principal Place of Business:**

2022 S. BABCOCK STREET  
SUITE 202  
MELBOURNE, FL 32907

**Current Mailing Address:**

1420 SIKES CREEK DRIVE  
MERRITT ISLAND, FL 32953

**New Mailing Address:**

FEI Number: 20-1910124

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GLADNICK, MARSHALL  
2022 S. BABCOCK STREET  
MELBOURNE, FL 32907 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: D ( ) Delete  
Name: GLADNICK, MARSHALL  
Address: 1420 SIKES CREEK DRIVE  
City-St-Zip: MERRITT ISLAND, FL 32953

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DR. (X) Change ( ) Addition  
Name: GLADNICK, MARSHALL MD  
Address: 1420 SIKES CREEK DRIVE  
City-St-Zip: MERRITT ISLAND, FL 32953

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARSHALL GLADNICK

DR

01/27/2005

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

\_\_\_\_\_ Date