

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000156836

Entity Name: MARSHALL GLADNICK, INC.

FILED  
Apr 18, 2008  
Secretary of State

**Current Principal Place of Business:**

2022 S. BABCOCK STREET  
SUITE 202  
MELBOURNE, FL 32901

**New Principal Place of Business:**

2061 PALM BAY ROAD NE  
SUITE 100  
PALM BAY, FL 32905

**Current Mailing Address:**

2022 S. BABCOCK STREET  
SUITE 202  
MELBOURNE, FL 32901

**New Mailing Address:**

2061 PALM BAY ROAD NE  
SUITE 100  
PALM BAY, FL 32905

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 32901 US

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

GLADNICK, MARSHALL  
2061 PALM BAY ROAD NE  
SUITE 100  
PALM BAY, FL 32905 US

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: \_\_\_\_\_

04/18/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DR. ( ) Delete  
Name: GLADNICK, MARSHALL MD  
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: 219 MCCLAIN DRIVE  
City-St-Zip: WEST MELBOURNE, FL 32904

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 I. GLADNICK, MD

DR

04/18/2008

Electronic Signature of Signing Officer or Director

Date