

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000015432

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

**Current Principal Place of Business:**

951 BROKEN SOUND PARKWAY  
SUITE 150  
BOCA RATON, FL 33487

**Current Mailing Address:**

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

**FEI Number:** 81-0595809

**Certificate of Status Desired:** No

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

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

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

*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

**PRES**

**01/14/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date