

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F94000003392

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

**Current Principal Place of Business:**

4542 OAKWOOD DR.  
MARIANNA, FL 32446-6578

**Current Mailing Address:**

4542 OAKWOOD DR  
MARIANNA, FL 32446

**FEI Number:** 63-0718422

**Certificate of Status Desired:** No

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

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

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

Title            DIR  
Name            CLARK, ADAM M  
Address        4542 OAKWOOD DRIVE  
City-State-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 L. CLARK**

**PRESIDENT**

**01/25/2013**

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

\_\_\_\_\_  
Date