2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 522353

RICHARD L. GLATZER, M.D., P.A.



FILED Apr 01, 2008 08:00 AN Secretary of State

Principal Place of Business

8525 SW 92 ST., SUITE C-11A MIAMI, FL 33156

Malling Address

8525 SW 92 ST., SUITE C-11A MIAMI, FL 33156





No Chg-P CR2E034 (11/05) 03132008

4. FEI Number 59-1721130

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

GLATZER, RICHARD L M.D. 8455 SW 100 ST. MIAMI, FL 33156

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent algorature required when reinstating)

FILE NOWIII FEE IS \$150.00 After May 1; 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. TITLE GLATZER, RICHARD L M.D. NAME 8525 SW 92 ST., SUITE C-11A STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33156 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is the and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like expowered.

SIGNATURE: ×

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR