

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 550812

1. Entity Name

RICHARD D. GLOCK, M.D., P.A.



Principal Place of Business

8614 BAYMEADOWS WAY, #100  
JACKSONVILLE, FL 32256 US

Mailing Address

8614 BAYMEADOWS WAY, #100  
JACKSONVILLE, FL 32256 US

FILED  
05 MAY -4 PM 2:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04272005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-1771564

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GLOCK, RICHARD D.  
4555 EMERSON ESPW  
#300  
JACKSONVILLE, FL 32207

**DO NOT WRITE  
IN THIS SPACE**

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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME GLOCK, RICHARD D.  
STREET ADDRESS 8614 BAYMEADOWS WAY, #100  
CITY - ST - ZIP JACKSONVILLE, FL 32256

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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500053694545  
05/04/05--01002--001 \*\*375.00

**DO NOT WRITE  
IN THIS SPACE**

*DRS/11*

12. I hereby certify that the information supplied with this filing does not qualify 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 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 empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05 (904) 396-0450  
Date Daytime Phone #