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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

DANIEL C. GLENNON, M.D., P.A.

## **FILED** Feb 05 1998 8:00am Secretary of State



341 N. INTERLACHEN AVE WINTER PARK FL 32789 US  DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified 08/16/1979  2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  South Suite, Apt. #, etc.										
WINTER PARK FL 32789	Principal Place of Business Mailing Address						. (00)(0 20,00 11119 11310 10111 12001 1121 51011 0	1841 91911 91911 9	0:中:> 中(第41   日本4	
2. Principal Place of Business   2a, Mailing Address   4, Fill Number   Applied For   Not Applicable   Sulle, Apt. 4, etc.   55-1923467.   Not Applicable   Sulle, Apt. 4, etc.   Sulle, Apt. 4, etc.   Sp.1923467.   S. Certificate of Status Desired   S. South, Apt. 4, etc.   Sulle, Apt. 4, etc.   S. Certificate of Status Desired	WINTER PARK		WINTER PARK FL 32789				DO NOT WRITE IN THIS SPACE			
22,   Principal Place of Business   2a,   Malifing Address   2a   26     Sof 1923467     Not Applicable   Not Applicable   Sof 1923467   Sof 1923467   Not Applicable   Sof 1923467   So							3. Date incorporated or Qualified			
Sulfe, Apt. 4, etc.										
Suite, Apt. #, etc.  22   27   28   27   27   28   27   28   28	F '	lace of Business	— ·				** *			
S. Certificate of Status Desired   Fee Required   Fee Required   Fee Required   Status Desired   Fee Required   Sp. Country   Sp. ON May Bo Addited to Fees   Addition   Sp. On May Bo Addition	21	#	• · · · · · · · · · · · · · · · · · · ·				59-1923467			
20	22		27					Fee	Required	
Zip   Country   Sentence promote news or has paid the currency very friangible   Personal Proposition owes or has paid the currency very friangible   Personal Proposition owes or has paid the currency very friangible   Sentence	<u> </u>	е	<b>⊢</b>							
25   25   26   No   Personal Property Tax due June 30   Mes   No										
GLENNON, DANIEL C., M.D. P.A. 341 N. INTERLACHEN AVE WINTER PARK FL 27 OFFICERS AND DIRECTORS  18 OFFICERS AND DIRECTORS  19 OFFICERS AND DIRECTORS  19 OFFICERS AND DIRECTORS  10 OFFICERS AND DIRECTORS  11 OFFICERS AND DIRECTORS  12 OFFICERS AND DIRECTORS  13 STREET ADDRESS  14 OFFICERS AND DIRECTORS  15 OFFICERS AND DIRECTORS  16 OFFICERS AND DIRECTORS  17 OFFICERS AND DIRECTORS  18 OFFICERS AND DIRECTORS  19 OFFICERS AND DIRECTORS  10 OFFICERS AND DIRECTORS  11 OFFICERS AND DIRECTORS  12 OFFICERS AND DIRECTORS  13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DI			— `	<u> </u>				Yes	□ No	
SIGNATURE  DELETE  DELETE  DELETE  TITLE  DELETE  T	24									
341 N. INTERLACHEN AVE WINTER PARK FL 32789  32 Street Address (P.O. Box Number is Not Acceptable)  33   34   City   FL   S5   Zip Code   35   36   City   FL   S5   Zip Code   36   City   FL   S5   Zip Code   37   Prusuant to the provisions of Sections 607 0503, Piorida Statutes, above-named corporation, submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  36   City   FL   S5   Zip Code   37   Prusuant to the provisions of Sections 607 0505, Florida Statutes above-named corporation, submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  36   City   FL   S7   City	GLE				81	Name				
WINTER PARK FL 32789  83  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's submits this statement for the purpose of changing lits registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both and accept the obligations of Sport agent agent as a such accepts and alphabre required when refinitions)  2. City - St. 2IP  2. OFFICERS AND DIRECTORS 1.1 IIII.  DELETE 1.1 IIII.  DELETE 2.1 IIII.  DELETE 2.1 IIII.  DELETE 2.1 IIII.  DELETE 3.1 IIII.  DELETE 4.1 IIII.  DELETE 4.1 IIII.  DELETE 4.1 IIII.  Addition  Addition				92 Street A		Street Add	ress (P.O. Boy Number is Not Acceptable)			
The pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation, submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the state ment and accept the obligations of, Section 607.0505, Florida Statutes.  In manufacture with an accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the depletion's profession of the corporation's board of directors. I hereby accept the obligations of profess and accept the obligations of, Section 607.0505, Florida Statutes, the acceptance of the corporation's board of directors. I hereby accept the obligation's profession's p	1					Olieet Addi	reas (1.0. Dox retinos is not neceptable)	<del> </del>		
The provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation, submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors, I hereby accept the appointment as registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors, I hereby accept the appointment as registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors, I hereby accept the appointment as registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors, I hereby accept the appointment as registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors, I hereby accept the appointment as registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors, I hereby accept the obligations of Statutes.  SIGNATURE  12.	]					City		85 Z	ip Code	
SIGNATURE   Signature, typed or printed registered agent and talle if applicable.   NOTE Registered Agent signature required when reinstating)   DATE						•		•L	·	
12										
TITLE	SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (N	OTE: Registered	Ager	nt signature requir	red when reinstating) DAT			
NAME   GLENNON, DANIEL C.   12 NAME     13 STREET ADDRESS   341 N. INTERLACHEN AVE   13 STREET ADDRESS   CITY-ST-ZIP   WINTER PARK FL   14 CITY-ST-ZIP     Change   Addition   Addition   AMAE   Addition   Add	12.						ADDITIONS/CHANGES TO OFFICERS A			
STREET ADDRESS   341 N. INTERLACHEN AVE   1.3 STREET ADDRESS   1.4 GITY-ST-ZIP	TITLE	l <del>-</del> ·	L DELETE					ii Chang	je 📙 Addition	
Addition   Change   Change   Addition   Change   Chan										
DELETE	1 1	1								
NAME		WINTER PARK FL	NEI ETE			i-ZIP		Chanc	e Addition	
2.3 STREET ADDRESS   2.4 CITY - ST - ZIP	ł I							C Oliding	, , , , , , , , , , , , , , , , , , ,	
CITY-ST-ZIP	1					ADDDECC	•			
TITLE         DELETE         3.1 TITLE         Change         Addition           NAME         3.2 NAME         3.2 NAME	1 1									
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STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP	l									
STREET ADDRESS   STRE						ADDRESS				
DELETE	ł I			3,4. CITY-ST-ZIP						
A3 STREET ADDRESS   A4 CITY-ST-ZIP   A4 CITY-ST-ZIP   Change   Addition			DELETE					Chang	je Addition	
A.4 CITY-ST-ZIP	NAME			4. 2 NA	ME					
A d CITY - ST - ZIP	STREET ADDRESS			4.3 STF	REET A	ADDRESS				
TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME </td <td>! [</td> <td></td> <td></td> <td>4.4 CIT</td> <td>Y-ST</td> <td>r- ZIP</td> <td></td> <td></td> <td></td>	! [			4.4 CIT	Y-ST	r- ZIP				
5.3 STREET ADDRESS     5.4 CITY-ST-ZIP			☐ DELETE	5.1 TIT	LE			Chang	je 🔲 Addition	
	NAME			5.2 NAI	ME					
TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS           GITY-ST-ZIP         6.4 CITY-ST-ZIP	STREET ADDRESS			5,3 STF	REET A	ADDRESS				
NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS           CITY-ST-ZIP         6.4 CITY-ST-ZIP	CITY-ST-ZIP			5.4 CIT	Y-ST	f-ZIP				
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CITY-ST-ZIP 64 CITY-ST-ZIP	NAME			6.2 NAI	MĘ					
	STREET ADDRESS			6.3 STF	reet /	ADDRESS				
	CITY-ST-ZIP						One the deal or to the first of the second of the	Links - st	u a fugation for the	

Indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.