


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 632971**  
1. Entity Name  
**DANIEL C. GLENNON, M.D., P.A.**



Principal Place of Business  
**341 N- INTERLACHEN AVE  
WINTER PARK, FL 32789 US**

Mailing Address  
**341 N. INTERLACHEN AVE  
WINTER PARK, FL 32789 US**

**DO NOT WRITE IN THIS SPACE**



07082004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-1923467** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**GLENNON, DANIEL C., M.D. P.A.  
341 N. INTERLACHEN AVE  
WINTER PARK, FL 32789**

**DO NOT WRITE  
IN THIS SPACE**

B. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GLENNON, DANIEL C. 341 N. INTERLACHEN AVE WINTER PARK, FL
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07/23/04-800003-012 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Daniel C. Glennon MD PRES Date: 7/21/04 Daytime Phone #: 407-644-8090  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Daniel C Glennon**