

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 18, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90016 036 \*\*\*158.75

**DOCUMENT # F01000001052**

1. Entity Name

GLIAMED, INC.



Principal Place of Business

11900 BISCAYNE BLVD. SUITE 501  
MIAMI FL 33181

Mailing Address

11900 BISCAYNE BLVD. SUITE 501  
MIAMI FL 33181



MOORE CR2E034 (11/03)

2. Principal Place of Business

13899 Biscayne Blvd  
Suite 142

3. Mailing Address

13899 Biscayne Blvd  
Suite 142

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33181

Country

USA

Zip

33181

Country

USA

4. FEI Number

65-1067966

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KERN, ANDREW E  
11900 BISCAYNE BLVD. SUITE 501  
MIAMI FL 33181

7. Name and Address of New Registered Agent

Name ANDREW E. Kern  
Street Address (P.O. Box Number is Not Acceptable)  
13899 Biscayne Blvd  
Suite 142  
City MIAMI FL 33181

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, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	CHEFITZ, HAROLD N	
STREET ADDRESS	11900 BISCAYNE BLVD. SUITE 501	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	KERN, ANDREW E	
STREET ADDRESS	11900 BISCAYNE BLVD. SUITE 501	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ARMOUR, LAWRENCE A	
STREET ADDRESS	11900 BISCAYNE BLVD. SUITE 501	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEINSTEIN, DAVID	
STREET ADDRESS	11900 BISCAYNE BLVD. SUITE 501	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chefitz, Harold N	
STREET ADDRESS	13899 Biscayne Blvd Suite 142	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE	VTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kern, Andrew E	
STREET ADDRESS	13899 Biscayne Blvd Suite 142	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Armour, Lawrence A	
STREET ADDRESS	13899 Biscayne Blvd Suite 142	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE	W	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Weinstein, David	
STREET ADDRESS	13899 Biscayne Blvd Suite 142	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** Andrew E. Kern **ANDREW E. KERN** 2-11-2004 (305) 341-3444  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #