

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90022 035 ***150.00

DOCUMENT # F01000001052

1. Entity Name
GLIAMED, INC.



Principal Place of Business
**13899 BISCAYNE BLVD
STE 142
MIAMI, FL 33181**

Mailing Address
**13899 BISCAYNE BLVD
STE 142
MIAMI, FL 33181**

40019017



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01192005

Chg-P

CR2E034 (10/03)

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

7. Name and Address of New Registered Agent

**KERN, ANDREWS E
13899 BISCAYNE BLVD
STE 142
MIAMI, FL 33181**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1

TITLE **C** ☒ Delete
NAME **CHEFITZ, HAROLD N**
STREET ADDRESS **13899 BISCAYNE BLVD STE 142**
CITY-ST-ZIP **MIAMI, FL 33181**

TITLE **D** ☐ Change ☒ Addition
NAME **IVAN WOLFF**
STREET ADDRESS **245 East 63 St. # 217**
CITY-ST-ZIP **New York, NY 10021**

TITLE **VTD** ☐ Delete
NAME **KERN, ANDREW E**
STREET ADDRESS **13899 BISCAYNE BLVD STE 142**
CITY-ST-ZIP **MIAMI, FL 33181**

TITLE **C/T/O** ☒ Change ☐ Addition
NAME **Kern, Andrew E.**
STREET ADDRESS **13899 BISCAYNE Blvd STE 142**
CITY-ST-ZIP **MIAMI, FL 33181**

TITLE **SD** ☐ Delete
NAME **ARMOUR, LAWRENCE A**
STREET ADDRESS **13899 BISCAYNE BLVD STE 142**
CITY-ST-ZIP **MIAMI, FL 33181**

TITLE **D** ☐ Change ☒ Addition
NAME **William McKee**
STREET ADDRESS **400 Chestnut Ridge Rd.**
CITY-ST-ZIP **WOODCLIFF LAKE, NJ 07677**

TITLE **D** ☐ Delete
NAME **WEINSTEIN, DAVID**
STREET ADDRESS **13899 BISCAYNE BLVD STE 142**
CITY-ST-ZIP **MIAMI, FL 33181**

TITLE **P/O** ☒ Change ☐ Addition
NAME **David Weinstein, MD**
STREET ADDRESS **3960 Broadway 3rd Fl**
CITY-ST-ZIP **New York, NY 10032**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Jennifer Fox**
STREET ADDRESS **383 Madison Ave - 41 Fl**
CITY-ST-ZIP **New York, NY 10179**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **SIDNEY GOLDFISHER, MD**
STREET ADDRESS **161 West 61 St. #24B**
CITY-ST-ZIP **New York, NY 10023**

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

2/11/05

Date

305-341-3444

Daytime Phone #