FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Feb 27 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F04073

(5)

THOMAS	E. GLATZ, D.M.D., P.A.						
111 MEDICAL CENTER 111 MEDICAL CEN		Mailing Address 111 MEDICAL CENTER SEBRING FL 33870-5423	NTER		F 1001100 11111 0 25111 01014 00111 170000 111	II OLONE BIONE OLONE OLONE OTONE	91911 18 91
					3. Date incorporated or Qualified 11/01/1980	3a. Date of Last R 05/14/1996	leport
		2a. Mailing Address			4. FEI Number 59-2033904	Applied For Not Applicable	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State:		City & State			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Z(p 24	Country Zip 25 29		Count 30	Florida Statutes		ity for intangible tax under s. 199.032, XYes No	
Name and Address of Current Registered Agent				· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New R	legistered Agent	
GLATZ, THOMAS E				1 Name			
	MEDICAL CENTER RING FL 33870		8	2 Street Add	dress (P.O. Box Number is Not Accepte	able)	
V LD			8	3			
			8	4 City		FL 85 Zip	Code
11. Pursuant office or ragent. La	to the provisions of Sections 607 05 egistered agent, or both, in the Sta m familiar with, and accept the obli	502 and 607.1508, Florida Sta te of Florida Such change wa igations of, Section 607.0505	ntutes, the abo as authorized Florida Statut	ve-named cor by the corpora es.	poration submits this statement for the ation's board of directors. I hereby acc		ts registered registered
SIGNATURE					·		
12.	Signature, typed or profesionance of registered a OFFICERS A	igent and the II applicable (h ND DIRECTORS	NOTE: Registered A	gent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTOR	RS IN 12
TITLE	P DELETE		1.1 TITLE			Change	Addition
NAME	GLATZ, THOMAS E		1.2 NAM	E)			
STREET ADDRESS	111 MEDICAL CENTER			ET ADDRESS			
CHY-SI-20F TOTLE	SEBRING FL 33870	☐ DELETE	1.4 CITY 2.1 YITLE			Change	Addition
NAME :	_ been		2.2 NAM				7,40,1011
STREET ADORESS				ET ADDRESS			
CITY - ST - ZIP			2. 4 CITY	r-ST-ZIP			<u></u>
TITLE	DELETE		3.1 TITLE			Change	Addition
NAME			3.2 NAM				
STREET ADDRESS City - St. Zip				ET ADDRESS -ST-ZIP			
TITLE		DELETE	4.1:7171			Change	Addition
NAME			4. 2 NAN	AE			
STREET ACORESS			4.3 STRE	ET ADDRESS			
C TY-ST-ZIP			4.4 CITY	-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE	ľ		Change	Addition
NAME			5.2 NAM				
STREET ADDRESS			4	ET ADDRESS	Y		
CITY - ST- 7IP TITLE		DELETE	5.4 CHY 6.1 TiTLI	-ST-ZIP		Change	Addition
NAM€			6.2 NAM			hand	
				ET ADDRESS			

14. If do hereby cerbly 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 annual report or supplienental 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 thanged, or on an attachment with an address.