

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003818

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: LARRY GLAZERMAN, M.D., P.C.

## Current Principal Place of Business:

3340 MARBLE CREST DRIVE  
LAND O LAKES, FL 34638

## New Principal Place of Business:

3340 MARBLE CREST DRIVE  
LAND O LAKES, FL 34638 US

## Current Mailing Address:

3340 MARBLE CREST DRIVE  
LAND O LAKES, FL 34638

## New Mailing Address:

3340 MARBLE CREST DRIVE  
LAND O LAKES, FL 34638 US

FEI Number: 23-3008363

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GLAZERMAN, LARRY M.D.  
3340 MARBLE CREST DRIVE  
LAND O LAKES, FL 34638 US

## Name and Address of New Registered Agent:

GLAZERMAN, LARRY R M.D.  
3340 MARBLE CREST DRIVE  
LAND O LAKES, FL 34638 US

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.

SIGNATURE: LARRY R. GLAZERMAN, MD

04/08/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CDPS ( ) Delete  
Name: GLAZERMAN, LARRY M.D.  
Address: 3340 MARBLE CREST DRIVE  
City-St-Zip: LAND O LAKES, FL 34638

Title: T ( ) Delete  
Name: GLAZERMAN, LARRY M.D.  
Address: 3340 MARBLE CREST DRIVE  
City-St-Zip: LAND O LAKES, FL 34638

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: GLAZERMAN, LARRY R M.D.  
Address: 3340 MARBLE CREST DRIVE  
City-St-Zip: LAND O LAKES, FL 34638 US

Title: T (X) Change ( ) Addition  
Name: GLAZERMAN, LARRY R M.D.  
Address: 3340 MARBLE CREST DRIVE  
City-St-Zip: LAND O LAKES, FL 34638 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY R. GLAZERMAN, MD

P

04/08/2009

Electronic Signature of Signing Officer or Director

Date