

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H09888

Entity Name: WILLIAM A. GLIWA, D.C., P.A.

FILED  
Jan 14, 2008  
Secretary of State

## Current Principal Place of Business:

1140 SE 3RD AVE  
FT LAUDERDALE, FL 333161110

## New Principal Place of Business:

330 N. KNOWLES AVE.  
308  
WINTER PARK, FL 32789 38

## Current Mailing Address:

1140 SE 3RD AVE  
FT LAUDERDALE, FL 333161110

## New Mailing Address:

C/O MEI PO BOX 61680  
FT. MYERS, FL 33906

FEI Number: 59-2420556

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BAXTER, JACK ESQ  
4530 NORTH FEDERAL HIGHWAY  
FORT LAUDERDALE, FL 33308 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DR. ( ) Delete  
Name: GLIWA, WILLIAM A  
Address: 1140 SE 3RD AVE  
City-St-Zip: FT LAUDERDALE, FL 333161110

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition  
Name: GLIWA, WILLIAM A  
Address: C/O MEI PO BOX 61680  
City-St-Zip: FT. MYERS, FL 33906

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: WILLIAM A. GLIWA

PRES

01/14/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date