

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H09888

**FILED**  
**Feb 05, 2009**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

5736 NORTH ORANGE BLOSSOM TRAIL  
#6  
ORLANDO, FL 32810

**Current Mailing Address:**

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

**New Mailing Address:**

5736 NORTH ORANGE BLOSSOM TRAIL  
#6  
ORLANDO, FL 32810

**FEI Number:** 59-2420556

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GLIWA, WILLIAM A  
1610 VILLAGE LANE  
WINTER PARK, FL 32792 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: C/O MEI PO BOX 61680  
City-St-Zip: FT. MYERS, FL 33906

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DR. (X) Change ( ) Addition  
Name: GLIWA, WILLIAM A  
Address: 5736 N ORANGE BLOSSOM TRAIL  
City-St-Zip: ORLANDO, FL 32810

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

DR

02/05/2009

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

\_\_\_\_\_  
Date