


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 27, 1999 8:00 am**  
**Secretary of State**  
07-27-1999 90003 032 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H81086**  
1. Corporation Name  
**ROBERT S. GLAZER, PH.D., P.A.**

Principal Place of Business 19802 OLD BELLAMY RD. <del>BOX 16</del> ALACHUA FL 32615 US	Mailing Address 19802 OLD BELLAMY RD. <del>BOX 16</del> ALACHUA FL 32615 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/16/1985</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2593550</b>	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GLAZER, ROBERT S. ROUTE 1 <del>BOX 16</del> 19802 OLD BELLAMY ROAD ALACHUA FL 32615				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GLAZER, ROBERT S.			1.2 NAME			
STREET ADDRESS	19802 OLD BELLAMY RD			1.3 STREET ADDRESS			
CITY-ST-ZIP	ALACHUA FL 32615			1.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOTT, BETH			2.2 NAME			
STREET ADDRESS	14827 NW 188TH PLACE			2.3 STREET ADDRESS			
CITY-ST-ZIP	ALACHUA FL 32615			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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 annual report or supplemental 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 changed, or on an attachment with an address.

SIGNATURE:  **SIGNATURE REQUIRED** 7/12/99 908-462-5755

CR2E034 (5/99)

H 81084  
595876-90003-32

**Robert Glazer, Ph.D., P.A.**

FLORIDA LICENSED PSYCHOLOGIST #4152  
PSYCHOTHERAPY  
PROFESSIONAL TRAINING

ROBERT GLAZER, Ph.D.  
SUSAN CUETT, M.Ed.

19802 OLD BELLAMY ROAD  
ALACHUA, FL 32615

TELEPHONE (904) 462-5155  
FAX (904) 462-1952

**July 12, 1999**

**Division of Corporations  
Annual Reports Filings  
P O BOX 1500  
Tallahassee, FL 32302-1500**

**RE: Document #: H81086  
Robert S. Glazer, Ph.D., P.A.**

**To Whom It May Concern:**

**This letter follows my conversation of this morning with a member of your staff at 1/850/488/9000.**

**Enclosed is my 1999 Profit Corporation Report. The 1st Notice was never received. Please correct the incorrect address that these notices are mailed to. Box 16 is incorrect. Box 16 is an address at the City of Alachua Post Office where all City of Alachua residents receive their mail. The correct address is 19802 Old BELLAMY ROAD, ALACHUA, FL 32615.**

**I have enclosed \$150.00 payment per instructions of your staff member. Thank you for your time and assistance.**

**Sincerely,**



**Robert Glazer, Ph.D.**