

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L36811 (2)

1. Corporation Name

Dr. Glassman, P.A.

Principal Place of Business

Mailing Address

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 13 PM 5:00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/18/89

4. FEI Number

65-0201746

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21. 1380 NE Miami Gardens Dr.

Suite, Apt. #, etc.

22. Ste 140

City & State

23. North Miami Beach, FL

Zip

24. 33179

Country

2a. Mailing Address

27. 1380 NE Miami Gardens Dr.

Suite, Apt. #, etc.

27. Suite 140

City & State

28. North Miami Beach, FL

Zip

29. 33317

Country

9. Name and Address of Current Registered Agent

Kramer, Robert M.
4000 Hollywood Blvd.
Suite 485 South
Hollywood, FL 33021

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DPST

Glassman, Paul S. OO

3097 NE 163rd Street

N. Miami Beach, FL

1380 NE Miami Gardens Dr, Ste 140

N. Miami Beach, FL 33179

600003018916-1

-10/19/99--01088--010

****150.00 ****150.00

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, with all other like information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-9-99

Date

305 910 1500

Daytime Phone #

CR2E034 (11/98)



David Alan Kofsky, P.A.
Certified Public Accountant

October 8, 1999

Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Dr. Glassman, PA
Around the Clock - House Calls, Inc.

Please find enclosed the 1999 annual reports for our client. We have also enclosed check for \$150.00 for each of the reports. We request that you accept this amount as payment in full for these annual reports.

Our client moved last year and did not receive the original annual reports. They never received any documentation for "Dr. Glassman, PA" at all. They have just received the second notice on "Around the Clock..." There was a service which was supposed to be forwarding their mail to them. Obviously, this was not happening, and our client's mail was lost or forwarded too late.

We appreciate your attention in this matter. If you have any questions, please call.

Sincerely,

A handwritten signature in cursive script that reads 'Patricia E. Coury'.

Patricia E. Coury
Certified Public Accountant

f:\wpdocs\glassman\annual report.wpd