

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90026 012 ***150.00

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1. Entity Name

RICHARD S. GLOSSER, M.D., P.A.



Principal Place of Business

8950 N. KENDALL DR.
SUITE #407
MIAMI, FL 33176 US

Mailing Address

941 N KROME AVE
HOMESTEAD, FL 33030 US

DO NOT WRITE IN THIS SPACE



02032008 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0212350

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GLOSSER, RICHARD S
941 N. KROME AVENUE
HOMESTEAD, FL 33030

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	GLOSSER, RICHARD S
STREET ADDRESS	8950 N. KENDALL DR., SUITE 407
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	1VP
NAME	GLOSSER, NANCY A
STREET ADDRESS	8950 N. KENDALL DR., SUITE 407
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	2VP
NAME	GLUCK, ROSS
STREET ADDRESS	8950 N KENDALL DRIVE, SUITE 407
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	S
NAME	SCHWARTZ, SONDR
STREET ADDRESS	2680 SE 5 CT
CITY-ST-ZIP	HOMESTEAD, FL 33033
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/08

Date

Daytime Phone #