


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90131 041 ***158.75

DOCUMENT # L85764			
1. Entity Name GLORIA KEISER M.S.W., P.A.			
Principal Place of Business 7421 N UNIVERSITY DR 207 TAMARAC, FL 33321 US <i>AKL</i>		Mailing Address 7421 N UNIVERSITY DR 207 TAMARAC, FL 33321 US	
2. Principal Place of Business - No P.O. Box # 2855 N. University Dr.		3. Mailing Address 2855 N. University Dr.	
Suite, Apt. #, etc. Suite 530		Suite, Apt. #, etc. Suite 530	
City & State Coral Springs, Fla.		City & State Coral Springs, Fla.	
Zip 33065 Country U.S.A.		Zip 33065 Country U.S.A.	
4. FEI Number 65-0207445		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KEISER, GLORIA 7421 N UNIVERSITY DR. STE 207 TAMARAC, FL 33321		7. Name and Address of New Registered Agent Name <i>Gloria Keiser</i> Street Address (P.O. Box Number is Not Acceptable) <i>2855 N. University Drive</i> <i>Suite 530</i> City <i>Coral Springs</i> FL Zip Code <i>33065</i>	
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 <i>Gloria Keiser</i> DATE <i>4/22/08</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEISER, GLORIA 7421 N UNIVERSITY #207 TAMARAC, FL 33321 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <i>Gloria Keiser</i> <i>2855 N. University Drive #530</i> <i>Coral Springs, Fla. 33065</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Gloria Keiser</i> <i>Gloria Keiser</i> <i>4/22/08</i> <i>954-803-3258</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			