

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M17567 (2)

1. Corporation Name

JOYCE FERN GLASSER, PH.D., P.A.

Principal Place of Business

3511 W COMMERCIAL BLVD STE 305
FT LAUD FL 33309

Mailing Address

3511 W COMMERCIAL BLVD STE 305
FT LAUD FL 33309

APPROVED
AND
FILED

95 APR 25 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/02/1985

3a. Date of Last Report

04/07/1994

4. FEI Number

59-2658430

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. This corporation has liability for intangible tax under S. 199.022,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GLASSER, DR JOYCE F
3511 W COMMERCIAL BLVD STE 305
FT LAUD FL 33309

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME PSD
GLASSER, JOYCE F.

STREET ADDRESS 118 GATE ROAD 118 Gate Rd
CITY- ST - ZIP HOLLYWOOD FL

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

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 PSD

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

JOYCE FERN GLASSER, PH.D.
8040 CLEARY BLVD., VILLA 403
PLANTATION, FL 33324

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Joyce Fern Glasser, Ph.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Joyce Fern Glasser Ph.D.

4-19-95 (305) 476-8737
Date Telephone Area