

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

3. Date Incorporated or Qualified

07/02/1985

3a. Date of Last Report

04/25/1995

2. Principal Place of Business

2a. Mailing Address

21 3600 W Commercial Blvd

26 6420 NW 53rd St.

4. FEL Number

59-2658430

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 204

27

City & State

City & State

23 Ft. Lauderdale FL

28 Landerhill FL

Zip Country

Zip Country

24 33309

25 Broward

29 33319

30 Broward

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

Joyce Fern Glasser, Ph.D.
6420 NW 53rd Street
Lauderhill, FL 33319

82 Street Address (P.O. Box)

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

Joyce Fern Glasser

Signature, typed or printed name of registered agent and not applicable

(NOTE: Registered Agent signature required when registering)

4-3-96

DATE

12. OFFICERS AND DIRECTORS

TITLE PDS ☐ DELETE

NAME GLASSER, PH.D. J FERN
STREET ADDRESS 8040 CLEARY BLVD., VILLA 403
CITY-ST-ZIP PLANTATION FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-96

DATE

(954) 735-0644

DAY-TIME PHONE

CR2E034 (12/95)