

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000041012

Entity Name: GLORY MEDICAL CENTER, P.A.

FILED  
Apr 11, 2005  
Secretary of State

## Current Principal Place of Business:

2430 SHADOW LAWN STE 13  
NAPLES, FL 34112

## New Principal Place of Business:

## Current Mailing Address:

2430 SHADOW LAWN STE 13  
NAPLES, FL 34112

## New Mailing Address:

PO BOX 7007  
NAPLES, FL 34101

FEI Number: 59-3710199

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

KENOL, MARJORIE  
4730-A GOLDEN GATE PKWY  
NAPLES, FL 34116 US

## Name and Address of New Registered Agent:

KENOL, MARJORIE  
4730 GOLDEN GATE PKWY  
SUITE A  
NAPLES, FL 34116 US

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.

SIGNATURE: MARJORIE KENOL

04/11/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: KENOL, CLAUDE J MD  
Address: 4730-A GOLDEN GATE PKWY  
City-St-Zip: NAPLES, FL 34116

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change ( ) Addition  
Name: KENOL, CLAUDE J MD  
Address: 4730-A GOLDEN GATE PKWY  
City-St-Zip: NAPLES, FL 34116

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDE KENOL

DIR

04/11/2005

Electronic Signature of Signing Officer or Director

Date