

**FILED**  
**Feb 21, 2007 8:00 am**  
**Secretary of State**

02-21-2007 90019 035 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P03000057833**

1. Entity Name  
GLEN E. SUTHERLAND, M.D., P.A.



Principal Place of Business

~~6075 NW 96TH DRIVE~~  
~~PARKLAND, FL 33076~~

Mailing Address

~~6075 NW 96TH DRIVE~~  
~~PARKLAND, FL 33076~~

60017166



2. Principal Place of Business - No P.O. Box #  
1930 NE 47 ST

3. Mailing Address  
1930 NE 47 ST

Suite, Apt. #, etc.  
Suite 301

Suite, Apt. #, etc.  
Suite 301

02062007

Chg-P

CR2E034 (12/06)

City & State  
Ft Lauderdale, FL

City & State  
Ft Lauderdale, FL

4. FEI Number  
81-0615109

Applied For  
Not Applicable

Zip  
33308

Country  
US

Zip  
33308

Country  
US

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BSPA CORPORATE SERVICES, INC.  
350 EAS LAS OLAS BLVD.  
SUITE 1000  
FT. LAUDERALE, FL 33301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME SUTHERLAND, GLEN E MD  
STREET ADDRESS 6075 NW 96TH DRIVE  
CITY-ST-ZIP PARKLAND, FL 33076

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Glen E Sutherland

Date

Daytime Phone #

2/14/07