# 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Jun 12, 2009**
**Secretary of State**

DOCUMENT# P05000007425

**Entity Name:** D. GLICKMAN, P.A.

**Current Principal Place of Business:**

8159 S. SAVANNAH CIRCLE
DAVIE, FL 33328 US

**New Principal Place of Business:**

2464 NORTH UNIVERSITY DRIVE
PEMBROKE PINES, FL 33024 US

**Current Mailing Address:**

8159 S. SAVANNAH CIRCLE
DAVIE, FL 33328 US

**New Mailing Address:**

8159 SOUTH SAVANNAH CIRCLE
DAVIE, FL 33328 US

**FEI Number: 20-2161231** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GLICKMAN, DAVID
8159 S. SAVANNAH CIRCLE
DAVIE, FL 33328 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: GLICKMAN, DAVID
Address: 8159 S. SAVANNAH CIRCLE
City-St-Zip: DAVIE, FL 33328 US

Title: VP (X) Delete
Name: GLICKMAN, DAVID
Address: 8159 S. SAVANNAH CIRCLE
City-St-Zip: DAVIE, FL 33328 US

Title: S (X) Delete
Name: GLICKMAN, DAVID
Address: 8159 S. SAVANNAH CIRCLE
City-St-Zip: DAVIE, FL 33328 US

Title: T (X) Delete
Name: GLICKMAN, DAVID
Address: 8159 S. SAVANNAH CIRCLE
City-St-Zip: DAVIE, FL 33328 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DAVID GLICKMAN P 06/12/2009

Electronic Signature of Signing Officer or Director — Date