

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000032376

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** GLENN BURKETT HEALTH CARE COST CONTROL CORPORATION

**Current Principal Place of Business:**

4650 S. CLEVELAND AVE  
3A  
FT MYERS, FL 33907 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 9507  
PANAMA CITY, FL 32417 US

**New Mailing Address:**

**FEI Number:** 84-1672791

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BURKETT, GLENN  
4650 S CLEVELAND AVE  
#3A  
FT MYERS, FL 33907 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  
Name: BURKETT, GLENN  
Address: 4650 #3A S CLEVELAND AVE  
City-St-Zip: FT MYERS, FL 33907 US

I hereby 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 all other like empowered.

SIGNATURE: GLENN BURKETT

PRES

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date