

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000071170

**FILED**  
**Jan 07, 2012**  
**Secretary of State**

**Entity Name:** HERMAN GLEICHER, M.D., P.A.

**Current Principal Place of Business:**

21202 OLEAN BLVD  
C-1  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

**Current Mailing Address:**

21202 OLEAN BLVD  
C-1  
PORT CHARLOTTE, FL 33952

**New Mailing Address:**

**FEI Number:** 26-0385013

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FILEMAN, GARY T  
1107 WEST MARION AVENUE, SUITE 112  
PUNTA GORDA, FL 33950 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: PTSD  
Name: GLEICHER, HERMAN DR.  
Address: 3189 FELDA STREET  
City-St-Zip: PORT CHARLOTTE, FL 33948

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: HERMAN GLEICHER

CEO

01/07/2012

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

\_\_\_\_\_  
Date