

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000026597

**FILED**  
**Sep 08, 2011**  
**Secretary of State**

**Entity Name:** GLENN N. LEDESMA, M.D., P.A.

**Current Principal Place of Business:**

2550 NE 15TH AVENUE  
FORT LAUDERDALE, FL 33305

**New Principal Place of Business:**

**Current Mailing Address:**

2550 NE 15TH AVENUE  
FORT LAUDERDALE, FL 33305

**New Mailing Address:**

P.O. BOX 15717  
BEVERLY HILLS, CA 90209

**FEI Number:** 11-9440476

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BISSONNETTE, ROBERT P  
2550 NE 15TH AVENUE  
FORT LAUDERDALE, FL 33305 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: D  
Name: LEDESMA, GLENN N  
Address: P.O. BOX 15717  
City-St-Zip: BEVERLY HILLS, CA 90209

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 N. LEDESMA M.D.

D

09/08/2011

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

\_\_\_\_\_  
Date