

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 04 1998 8:00am
Secretary of State

DOCUMENT # P92000007816 (1)

1. Corporation Name

GLENN A. SYPERDA, D.O., P.A.



Principal Place of Business

**17046 DOLPHIN DR
N RIDINGTON BEACH FL 33708
US**

Mailing Address

**17046 DOLPHIN DR
N RIDINGTON BEACH FL 33708
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/30/1992

4. FEI Number

65-0375424

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2519 Mcmullen Road Rd 510-287

Suite, Apt. #, etc.

510-287

City & State

Clearwater FL

Zip

33766

Country

US

2a. Mailing Address

2519 Mcmullen Road Rd 510-287

Suite, Apt. #, etc.

510-287

City & State

Clearwater FL

Zip

33766

Country

US

9. Name and Address of Current Registered Agent

SYPERDA, GLENN A

10402 OAKBROOK DR

TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name

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

2519 Mcmullen Road Rd 510-287

83

84 City

Clearwater

FL

85 Zip Code

33766

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-7-98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D SYPERDA, GLENN A**

STREET ADDRESS **10402 OAKBROOK DR**

CITY-ST-ZIP **TAMPA FL 33624**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **2519 Mcmullen Road Rd # 510-287**

1.4 CITY-ST-ZIP **Clearwater FL 33766**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 its receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

7-7-98 732-871-5555

CR2534 (5/98)

(2)

Dept. of State
Division of Corporations
Annual Reports Filing
P.O. Box 1500
Tallahassee, FL 32302-1500

To whom it may concern:

I am enclosing the entire packet for Annual Report for Glenn Syperda, D.O. Notice that the address was my old one because I have moved. I hadn't received the first notice when the fee was \$150.00. I am hoping because the mail was not forwarded that I could waive the \$550.00 filing fee.

I have never had this problem before. I am enclosing a check for the original \$150.00.

Please call me at 813-392-4015 if you have any additional questions or need more information.

Glenn Syperda, D.O.



2519 McMullen Booth Rd.
#510-287
Clearwater, FL 33761-6174