

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000054491

FILED
Feb 26, 2009
Secretary of State

Entity Name: J. MICHAEL GLENN, M.D., P.A.

Current Principal Place of Business:

2017 BAYSHORE DRIVE
NICEVILLE, FL 32578 US

New Principal Place of Business:

99 BAHIA VISTA DR
NICEVILLE, FL 32578 US

Current Mailing Address:

2017 BAYSHORE DRIVE
NICEVILLE, FL 32578 US

New Mailing Address:

99 BAHIA VISTA DR
NICEVILLE, FL 32578 US

FEI Number: 59-3189164

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HELMICH, KEVIN M ESQ.
4481 LEGENDARY DRIVE, SUITE 200
DESTIN, FL 32540 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GLENN, MICHAEL M.D.
Address: 2017 BAYSHORE DRIVE
City-St-Zip: NICEVILLE, FL 32578

Title: DIR () Delete
Name: GLENN, J. MICHEAL
Address: 2017 BAYSHORE DRIVE
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GLENN, MICHAEL M.D.
Address: 99 BAHIA VISTA DRIVE
City-St-Zip: NICEVILLE, FL 32578

Title: DIR (X) Change () Addition
Name: GLENN, J. MICHEAL
Address: 99 BAHIA VISTA DR.
City-St-Zip: NICEVILLE, FL 32578

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: J. MICHAEL GLENN, M.D.

DIR

02/26/2009

Electronic Signature of Signing Officer or Director

Date