

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000016443

1. Entry Name
GLENDAL MEDICAL PROPERTIES, INC.



Principal Place of Business
1601 20TH STREET
VERO BEACH, FL 32961 US

Mailing Address
1601 20TH STREET
VERO BEACH, FL 32961 US



02262008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0817195** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SULLIVAN, CHARLES JR.
1601 20TH STREET
VERO BEACH, FL 32961

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and true if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000918515
 05/13/08-80086-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KELLEHER, TOM
STREET ADDRESS	5208 NE 24TH TERR STE F116
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	STD PD
NAME	SULLIVAN, CHARLES JR
STREET ADDRESS	1601 20TH ST
CITY-ST-ZIP	VERO BEACH, FL 32961
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR