

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000090105

**FILED**  
**Feb 17, 2004**  
**Secretary of State**

**Entity Name:** GLENN KALICK D.V.M., P.A.

**Current Principal Place of Business:**

10625 WILES RD  
CORAL SPRINGS, FL 33076

**New Principal Place of Business:**

**Current Mailing Address:**

10625 WILES RD  
CORAL SPRINGS, FL 33076

**New Mailing Address:**

**FEI Number:** 65-0875056      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

KALICK, GLENN  
22604 BLUE FIN TRAIL  
BOCA RATON, FL 33428

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

KALICK, GLENN  
18673 OCEAN MIST DRIVE  
BOCA RATON, FL 33498

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: \_\_\_\_\_ Date: 02/17/2004  
Electronic Signature of Registered Agent

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: KALICK, GLENN  
Address: 22604 BLUE FIN TRAIL  
City-St-Zip: BOCA RATON, FL 33428

Title: S/P ( ) Delete  
Name: KALICK, STACY M  
Address: 22604 BLUE FIN TRAIL  
City-St-Zip: BOCA RATON, FL 33428

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DR (X) Change ( ) Addition  
Name: KALICK, GLENN  
Address: 18673 OCEAN MIST DRIVE  
City-St-Zip: BOCA RATON, FL 33498

Title: S/P (X) Change ( ) Addition  
Name: KALICK, STACY M  
Address: 18673 OCEAN MIST DRIVE  
City-St-Zip: BOCA RATON, FL 33498

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GLENN KALICK      DR.      02/17/2004  
Electronic Signature of Signing Officer or Director      Date