

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

CR2E034 (5/99)

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATION  
 99 OCT 13 PM 4:59



PROFIT CORPORATION ANNUAL REPORT 1999  
 FLORIDA DEPARTMENT OF STATE  
 Katherine Harris Secretary of State  
 DIVISION OF CORPORATIONS



DOCUMENT # S82101  
 1. Corporation Name  
 AROUND THE CLOCK - HOUSE CALLS, INC.

Principal Place of Business: 3097 NE 163RD ST NORTH MIAMI BEACH FL 33160  
 Mailing Address: 3097 NE 163RD ST NORTH MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 1380 NE Miami Gardens Dr. Suite, Apt. #, etc. 22 Ste 140  
 23 N. Miami Beach, FL  
 24 33129 25 Country  
 2a. Mailing Address  
 26 1380 NE Miami Gardens Dr. Suite, Apt. #, etc. 27 Suite 140  
 28 N. Miami Beach, FL  
 29 33129 30 Country

3. Date incorporated or Qualified: 09/23/1991  
 4. FEI Number: 65-0284605 Applied For: Not Applicable  
 5. Certificate of Status Desired: \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
 8. This corporation owes the current year Intangible Personal Property: Yes No

9. Name and Address of Current Registered Agent  
 GLASSMAN, PAUL  
 3097 NE 163RD ST  
 NORTH MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83 1380 NE Miami Gardens Dr.  
 84 Suite 140  
 85 City: N. Miami Beach FL 86 Zip Code: 33129

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLASSMAN, TODD	1.2 NAME	
STREET ADDRESS	21115 NE 4TH CT	1.3 STREET ADDRESS	1380 NE Miami Gardens Dr., Ste 140
CITY-ST-ZIP	N MIAMI BEACH FL	1.4 CITY-ST-ZIP	N. Miami Beach, FL 33129
TITLE	DV	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLASSMAN, MONICA	2.2 NAME	
STREET ADDRESS	21115 NE 4TH CT	2.3 STREET ADDRESS	1380 NE Miami Gardens Dr., Ste 140
CITY-ST-ZIP	N MIAMI BEACH FL	2.4 CITY-ST-ZIP	N. Miami Beach, FL 33129
TITLE	DST	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLASSMAN, PAMELA	3.2 NAME	
STREET ADDRESS	21115 NE 4TH CT	3.3 STREET ADDRESS	1380 NE Miami Gardens Dr., Ste 140
CITY-ST-ZIP	N MIAMI BEACH FL	3.4 CITY-ST-ZIP	N. Miami Beach, FL 33129
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLASSMAN, AARON	4.2 NAME	
STREET ADDRESS	2115 NE 4TH CT.	4.3 STREET ADDRESS	1380 NE Miami Gardens Dr., Ste 140
CITY-ST-ZIP	N. MIAMI BEACH FL	4.4 CITY-ST-ZIP	N. Miami Beach, FL 33129
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLASSMAN, ERIKA	5.2 NAME	
STREET ADDRESS	2115 NE 4TH CT.	5.3 STREET ADDRESS	1380 NE Miami Gardens Dr., Ste 140
CITY-ST-ZIP	N. MIAMI BEACH FL	5.4 CITY-ST-ZIP	N. Miami Beach, FL 33129
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1 0000301894 DELETED - 8	6.2 NAME	
STREET ADDRESS	-10/19/99--01088--007	6.3 STREET ADDRESS	
CITY-ST-ZIP	***150.00 ***150.00	6.4 CITY-ST-ZIP	

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 10-9-99

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 the 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: PAUL B. GLASSMAN, D.O. 305 940-9300  
 DIRECTOR 305 8671222  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



David Alan Kofsky, P.A.  
Certified Public Accountant

October 8, 1999

Division of Corporations  
Annual Reports Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Dr. Glassman, PA  
Around the Clock - House Calls, Inc.

Please find enclosed the 1999 annual reports for our client. We have also enclosed check for \$150.00 for each of the reports. We request that you accept this amount as payment in full for these annual reports.

Our client moved last year and did not receive the original annual reports. They never received any documentation for "Dr. Glassman, PA" at all. They have just received the second notice on "Around the Clock..." There was a service which was supposed to be forwarding their mail to them. Obviously, this was not happening, and our client's mail was lost or forwarded too late.

We appreciate your attention in this matter. If you have any questions, please call.

Sincerely,

A handwritten signature in cursive script that reads "Patricia E. Coury".

Patricia E. Coury  
Certified Public Accountant

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