

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J30257

**Entity Name:** CLIFF M. GLASSER, D. O., P.A.

**Current Principal Place of Business:**

16401 NW 2ND AVE.  
203  
NORTH MIAMI BEACH, FL 33169

**Current Mailing Address:**

3631 N 54TH AVE  
HOLLYWOOD, FL 33021 US

**FEI Number:** 59-2713805

**Certificate of Status Desired:** No

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

GLASSER, CLIFF M.  
16401 NW 2ND AVE.  
STE 203  
NORTH MIAMI BEACH, FL 33169 US

*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

**Officer/Director Detail :**

Title PD  
Name GLASSER, CLIFF M.  
Address 164014 NW 2ND AVE., STE 203  
City-State-Zip: NORTH MIAMI BEACH FL 33169

*I hereby 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 all other like empowered.*

**SIGNATURE:** CLIFF GLASSER

**PRESIDENT**

**02/26/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date