

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K36211

FILED  
Mar 26, 2009  
Secretary of State

Entity Name: STEVEN G. GLUCKSMAN, P.A.

**Current Principal Place of Business:**

540 NW UNIVERSITY BLVD.  
STE 103  
PORT SAINT LUCIE, FL 34986 US

**New Principal Place of Business:**

**Current Mailing Address:**

540 NW UNIVERSITY BLVD.  
STE 103  
PORT SAINT LUCIE, FL 34986 US

**New Mailing Address:**

FEI Number: 65-0072485      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

GLUCKSMAN, STEVEN G.  
540 NW UNIVERSITY BLVD.  
STE 103  
PORT SAINT LUCIE, FL 34986 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: .GLUCKSMAN, STEVEN G, .  
Address: 10651 US HWY 1  
City-St-Zip: PORT SAINT LUCIE, FL 34952

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

Title: D (X) Change ( ) Addition  
Name: .GLUCKSMAN, STEVEN G, .  
Address: 540 NW UNIVERSITY BLVD SUITE103  
City-St-Zip: PORT SAINT LUCIE, FL 34986

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: STEVEN G. GLUCKSMAN

PRES

03/26/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date