

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Aug 02, 1999 8:00 am**  
**Secretary of State**

08-02-1999 90006 029 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 769546**

1. Corporation Name  
**ELDERMED, INC.**

Principal Place of Business  
912 E SLIGH  
P O BOX 9384  
TAMPA FL 33604-5636

Mailing Address  
912 E SLIGH  
~~P O BOX 9384~~  
TAMPA FL 33604-5636



|                                |                        |                                   |
|--------------------------------|------------------------|-----------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    | 3. Date Incorporated or Qualified |
| 21 Suite, Apt. #, etc.         | 26 912 E. Sligh        | 07/25/1983                        |
| 22 City & State                | 27 Suite, Apt. #, etc. | 4. FEI Number                     |
| 23 Zip                         | 28 Tampa FL            | 59-2336990                        |
| 24 Country                     | 29 33604               | Applied For                       |
|                                | 30 US                  | Not Applicable                    |

9. Name and Address of Current Registered Agent  
SPILMON, DEREK B PA  
4215 MILLER DR  
ST PETE BEACH FL 33706

|   |                       |
|---|-----------------------|
| 81 Name   | Page, Phyllis         |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 5307 Laurel Poente Dr |
| 83  |                       |
| 84 City   | Valrico               |
| 85 Zip Code   | FL 33549              |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Phyllis Page* *Phyllis Page* 7/26/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS |                             | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |     |
|----------------------------|-----------------------------|---|-----|
| TITLE                      | PCD                         | 1.1 TITLE   |     |
| NAME                       | PAGE, PHYLLIS               | 1.2 NAME  |     |
| STREET ADDRESS             | 5307 LAUREL POENTE DR       | 1.3 STREET ADDRESS                                    |     |
| CITY-ST-ZIP                | VALRICO FL 33594            | 1.4 CITY-ST-ZIP                                       |     |
| TITLE                      | VD                          | 2.1 TITLE   |     |
| NAME                       | RYDER, KATHY PHD            | 2.2 NAME  |     |
| STREET ADDRESS             | 2727 W. FLETCHER AVE. #14-1 | 2.3 STREET ADDRESS                                    |     |
| CITY-ST-ZIP                | TAMPA FL 33618              | 2.4 CITY-ST-ZIP                                       |     |
| TITLE                      | D                           | 3.1 TITLE   |     |
| NAME                       | BALLESTAS, ENRIQUE M        | 3.2 NAME  |     |
| STREET ADDRESS             | 3185 SPOONBILL COURT        | 3.3 STREET ADDRESS                                    |     |
| CITY-ST-ZIP                | LARGO FL 33762              | 3.4 CITY-ST-ZIP                                       |     |
| TITLE                      | D                           | 4.1 TITLE   | S/D |
| NAME                       | DAVIS, KIM A MS             | 4.2 NAME  |     |
| STREET ADDRESS             | 3311 LAWN AVENUE            | 4.3 STREET ADDRESS                                    |     |
| CITY-ST-ZIP                | TAMPA FL 33611              | 4.4 CITY-ST-ZIP                                       |     |
| TITLE                      | D                           | 5.1 TITLE   |     |
| NAME                       | FRANCIS, ELAINE P ARNP      | 5.2 NAME  |     |
| STREET ADDRESS             | 437 79TH AVENUE ST          | 5.3 STREET ADDRESS                                    |     |
| CITY-ST-ZIP                | PETERSBURG BEACH FL 33706   | 5.4 CITY-ST-ZIP                                       |     |
| TITLE                      | D                           | 6.1 TITLE   |     |
| NAME                       | GREEN, ROGER A              | 6.2 NAME  |     |
| STREET ADDRESS             | 5688 BAYWATER DR            | 6.3 STREET ADDRESS                                    |     |
| CITY-ST-ZIP                | TAMPA FL 33615              | 6.4 CITY-ST-ZIP                                       |     |

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Phyllis Page* *Phyllis Page* 7/26/99 (813) 974-9267  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)