

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769546

Entity Name: ELDERMED, INC.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

912 E SLIGH
P O BOX 9384
TAMPA, FL 336045636 US

New Principal Place of Business:

Current Mailing Address:

912 E SLIGH
TAMPA, FL 33604 US

New Mailing Address:

FEI Number: 59-2336990

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAGE, PHYLLIS
5307 LAUREL POENTE DR
VALRICO, FL 33549 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

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: PAGE, PHYLLIS
Address: 5307 LAUREL POENTE DR
City-St-Zip: VALRICO, FL 33594

Title: VD () Delete
Name: RYDER, KATHY PHD,
Address: 2727 W. FLETCHER AVE. #14-1
City-St-Zip: TAMPA, FL 33618

Title: D () Delete
Name: BALLESTAS, ENRIQUE M
Address: 3165 SPOONBILL COURT
City-St-Zip: LARGO, FL 33762

Title: SD () Delete
Name: DAVIS, KIM A MS
Address: 3311 LAWN AVENUE
City-St-Zip: TAMPA, FL 33611

Title: D () Delete
Name: GREEN, ROGER A
Address: 5688 BAYWATER DR
City-St-Zip: TAMPA, FL 33615

Title: D () Delete
Name: KEITH, MARY PHD
Address: 2106 E. ANNIE ST.
City-St-Zip: TAMPA, FL 33612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHYLLIS PAGE

PCD

04/29/2005

Electronic Signature of Signing Officer or Director

Date