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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N34746** (0)

1. Corporation Name

FLORIDA GERIATRICS SOCIETY, INC.



Principal Place of Business

Mailing Address

**%NANNETTE HOFFMA
NACU 118B VA HOSPITAL
GAINESVILLE FL 32608
US**

**%NANNETTE HOFFMA
NHCU 118B VA HOSPITAL
GAINESVILLE FL 32608
US**

3. Date Incorporated or Qualified 10/17/1989	3a. Date of Last Report 03/07/1995
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOFFMAN, NANNETTE
NHCU 118B VA HOSPITAL
GAINESVILLE FL 32608**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWENTHAL, DAVID T.	1.2 NAME	
STREET ADDRESS	4430 SW 84TH WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARANASOS, GEORGE J.	2.2 NAME	
STREET ADDRESS	2606 NW 27TH TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLISON, RONALD E.	3.2 NAME	
STREET ADDRESS	921 E. OCEAN BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, NANNETTE B.	4.2 NAME	
STREET ADDRESS	2277 NW 16TH AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEBER, CHARLES M D	5.2 NAME	
STREET ADDRESS	152 NE 52ND STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Nannette Hoffman MD 1/22/96 352 374 0053
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)