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Apr 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

3. Date Incorporated or Qualified 10/17/1989
3a. Date of Last Report 02/07/1996

2. Principal Place of Business c/o
21 Charles Beber
Suite, Apt. #, etc
22 152 NE 52nd St
City & State
23 Miami FL
Zip 33137 Country US

4. FEI Number NOT APPLICABLE Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
HOFFMAN, NANNETTE
NHCU 118B VA HOSPITAL
GAINESVILLE FL 32608

10. Name and Address of New Registered Agent
81 Name Charles Beber MD
82 Street Address (P.O. Box Number is Not Acceptable) 152 NE 52nd St
83
84 City Miami FL 85 Zip Code 33137

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]* DATE 3/21/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	D Board of Directors <input type="checkbox"/> DELETE
NAME	LOWENTHAL, DAVID T.
STREET ADDRESS	4430 SW 84TH WAY
CITY-ST-ZIP	GAINESVILLE FL
TITLE	D Board of Directors <input type="checkbox"/> DELETE
NAME	CARANASOS, GEORGE J.
STREET ADDRESS	2806 NW 27TH TERRACE
CITY-ST-ZIP	GAINESVILLE FL
TITLE	D Board of Directors <input type="checkbox"/> DELETE
NAME	ALLISON, RONALD E.
STREET ADDRESS	921 E. OCEAN BLVD.
CITY-ST-ZIP	APOPKA FL
TITLE	D Board of Directors <input type="checkbox"/> DELETE
NAME	HOFFMAN, NANNETTE B.
STREET ADDRESS	2277 NW 18TH AVENUE
CITY-ST-ZIP	GAINESVILLE FL
TITLE	D Board of Directors <input type="checkbox"/> DELETE
NAME	BEBER, CHARLES M D
STREET ADDRESS	152 NE 52ND STREET
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	David Samara, MD
STREET ADDRESS	212 Blanding Blvd
CITY-ST-ZIP	Orange Park FL 32073

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Linda Ordene MD
1.3 STREET ADDRESS	3000 W. Cypress Creek Road
1.4 CITY-ST-ZIP	Ft. Lauderdale FL 33319
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	David Samara MD
6.3 STREET ADDRESS	212 Blanding Blvd
6.4 CITY-ST-ZIP	Orange Park FL 32073

14. I do 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.

SIGNATURE: NANNETTE HOFFMAN REQUIRED 1/8/97 352-379 4065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0077669

CR2E037 (9/96)