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Jul 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: 152 NE 52ND ST, NACU 118B, VA HOSPITAL, MIAMI FL 33137, US
Mailing Address: 1 52 NE 52ND ST, NHCU 118B VA HOSPITAL, MIAMI FL 33137, US

3. Date Incorporated or Qualified: 10/17/1989
4. FEI Number: 59-3018212 (NOT APPLICABLE)
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 21 6855 Wilson Blvd., Suite 12, Jacksonville FL 32210, USA
2a. Mailing Address: 26 P.O. Box 7040, Jacksonville FL 32238, USA

9. Name and Address of Current Registered Agent: BEVER, CHARLES MD, 152 NE 52ND ST, MIAMI FL 33137

10. Name and Address of New Registered Agent: 81 Name: Beber, Charles, MD; 82 Street Address: 4701 N. Meridian Ave #300; 83 Adams Bldg; 84 City: MIAMI, FL; 85 Zip Code: 33140

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	0 LOWENTHAL, DAVID T. <input checked="" 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	0 CARANASOS, GEORGE J. <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARANASOS, GEORGE J.	2.2 NAME	
STREET ADDRESS	2806 NW 27TH TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	
TITLE	0 ALLISON, RONALD E. <input checked="" 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	0 HOFFMAN, NANNETTE B. <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOFFMAN, NANNETTE B.	4.2 NAME	S/D LINDA A. GROENE, M.D.
STREET ADDRESS	2277 NW 16TH AVENUE	4.3 STREET ADDRESS	3000 West Cypress Creek Rd.
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309
TITLE	0 BEBER, CHARLES M D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEBER, CHARLES M D	5.2 NAME	P/D Beber, Charles, M.D.
STREET ADDRESS	152 NE 52ND STREET	5.3 STREET ADDRESS	4701 N. Meridian Ave. Ste 300
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	MIAMI FL 33140
TITLE	0 SAMORA, DAVID MD <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMORA, DAVID MD	6.2 NAME	V/D Samata, David, M.D.
STREET ADDRESS	212 BLANDING BLVD	6.3 STREET ADDRESS	212 Blanding Blvd.
CITY-ST-ZIP	ORANGE PARK FL	6.4 CITY-ST-ZIP	ORANGE PARK FL 32073

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 179.07(3)(l), Florida Statutes. 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: CHARLES BEBER PRES 4-14-98 305

CR2E037 (10/97)