


FILE NOW: FILING FEE IS \$61.25

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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
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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
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3. Date Incorporated or Qualified 10/17/1989	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
4. FEI Number 59-3018212	Not Applicable

2. Principal Place of Business 21 6855 Wilson Blvd. Suite, Apt. #, etc. 22 Suite 12 City & State 23 Jacksonville FL Zip 24 32210 Country 25 USA	2a. Mailing Address 26 P.O. Box 7040 Suite, Apt. #, etc. 27 City & State 28 Jacksonville FL Zip 29 32238 Country 30 USA
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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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent BEVER, CHARLES MD 152 NE 52ND ST MIAMI FL 33137	
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10. Name and Address of New Registered Agent	
81 Name Beber, Charles, MD	
82 Street Address (P.O. Box Number is Not Acceptable) 4701 N. Meridian Ave #300	
83 Adams Bldg	
84 City MIAMI	85 Zip Code FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	0 <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 <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 <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 <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" 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	0 <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEVER, 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	0 <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMORA, DAVID MD	6.2 NAME	
STREET ADDRESS	212 BLANDING BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	6.4 CITY-ST-ZIP	

S/D LINDA A. GROENE, M.D. 3000 West Cypress Creek Rd. Ft. Lauderdale, FL 33309 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
P/D Beber, Charles, M.D. 4701 N. Meridian Ave. Ste 300 MIAMI, FL 33140 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
V/D Samata, David, M.D. 212 Blanding Blvd. Orange Park, FL 32073 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 17.07(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 BEVER PRES 4-14-98**

CR2E037 (10/97)