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03-01-1999 90007 036 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N34746

1. Corporation Name

FLORIDA GERIATRICS SOCIETY, INC.

Principal Place of Business

6855 WILSON BLVD
STE 12
JACKSONVILLE FL 32210
US

Mailing Address

P. O. BOX 7040
JACKSONVILLE FL 32238
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

10/17/1989

4. FEI Number

59-3018212

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

9. Name and Address of Current Registered Agent

~~BEBER, M.D. C~~
4701 N MERIDIAN AVE
#300 ADAMS BLDG
MIAMI FL 33140

Callahan, Wanda L.
6855 WILSON BLVD.
Ste. 12
Jacksonville, FL 32210

10. Name and Address of New Registered Agent

81 Name Callahan, WANDA L.
82 Street Address (P.O. Box Number is Not Acceptable) 6855 WILSON BLVD. Ste. 12
83
84 City Jacksonville FL 85 Zip Code 32210

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

Wanda L. Callahan

1-15-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~SD~~ VD DELETE
NAME GROENE, M.D. L
STREET ADDRESS 3000 W CYPRESS CREEK RD
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE PD DELETE
NAME BEBER, CHARLES M D
STREET ADDRESS 4701 N MERIDIAN AVE STE 300
CITY-ST-ZIP MIAMI FL 33140

TITLE ~~SD~~ PD DELETE
NAME SAMARA, DAVID MD
STREET ADDRESS 212 BLANDING BLVD
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE ~~SD~~ DELETE
NAME *Donna Jacoby, M.D.*
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VD Change Addition
1.2 NAME GROENE M.D. L
1.3 STREET ADDRESS 3000 W CYPRESS CREEK
1.4 CITY-ST-ZIP FT. LAUDERDALE, FL

2.1 TITLE Change Addition
2.2 NAME PPO Beber, Charles, M.D.
2.3 STREET ADDRESS 4701 MERIDIAN AVE STE 300
2.4 CITY-ST-ZIP MIAMI FL 33140

3.1 TITLE PD Change Addition
3.2 NAME SAMARA, DAVID, M.D.
3.3 STREET ADDRESS 212 BLANDING BLVD.
3.4 CITY-ST-ZIP ORANGE PARK, FL 32073

4.1 TITLE Change Addition
4.2 NAME SD Jacoby, DONNA J., M.D.
4.3 STREET ADDRESS 2120 EAST JOHNSON AVENUE
4.4 CITY-ST-ZIP PENSACOLA, FL 32514

5.1 TITLE DM Change Addition
5.2 NAME Wainwright Deborah
5.3 STREET ADDRESS 806 WELLHOUSE DR.
5.4 CITY-ST-ZIP JACKSONVILLE, FL 32220

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Rebecca Wainwright
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99

Date

(904) 971-2222

Daytime Phone #

CR2E037 (1/198)