

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90058 033 ****61.25

DOCUMENT # N34746

1. Entity Name

FLORIDA GERIATRICS SOCIETY, INC.

Principal Place of Business

Mailing Address

~~6855 WILSON BLVD
 STE 12
 JACKSONVILLE FL 32210
 US~~

~~P.O. BOX 7040
 JACKSONVILLE FL 32238-0040
 US~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4909 Lannie Road

Suite, Apt. #, etc.

Ste. B

3. Mailing Address

4909 Lannie Road

Suite, Apt. #, etc.

Ste. B

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3018212

Applied For

Not Applicable

Zip

32218

Country

US

Zip

32218

Country

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CALLENHAN, WANDA L
 6855 WILSON BLVD., STE. 12
 JACKSONVILLE FL 32210**

7. Name and Address of New Registered Agent

Name **Jeanne Torbett, CMP**
 Street Address (P.O. Box Number is Not Acceptable) **4909 Lannie Road, Ste. B**
 City **Jacksonville, FL** Zip Code **32218**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Jeanne Torbett, CMP, Exec. Dir.

Jeanne Torbett, CMP **4-29-00**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

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

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

TITLE Delete
 NAME **PD SAMORA, DAVID MD**
 STREET ADDRESS **212 BLANDING BLVD**
 CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE Delete
 NAME **SD JACOBI, DONNA J MD**
 STREET ADDRESS **2120 EAST JOHNSON AVENUE**
 CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE Delete
 NAME **DM WAINWRIGHT, DEBORAH**
 STREET ADDRESS **806 WELLHOUSE DRIVE**
 CITY-ST-ZIP **JACKSONVILLE FL 32220**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **DM Torbett, Jeanne CMP**
 STREET ADDRESS **4909 Lannie Rd, Ste. B**
 CITY-ST-ZIP **Jacksonville, FL 32218**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jeanne Torbett, CMP*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-00 904-765-7938

Date

Daytime Phone #

CR2E037 (9/99)