

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34746

1. Entity Name

FLORIDA GERIATRICS SOCIETY, INC.

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90019 021 ****61.25

Principal Place of Business

Mailing Address

4909 LANNIE ROAD
SUITE B
JACKSONVILLE FL 32218
US

4909 LANNIE ROAD
SUITE B
JACKSONVILLE FL 32218
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3018212**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TORBETT, JEANNE , CMP
4909 LANNIE ROAD, SUITE B
JACKSONVILLE FL 32218

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 ☐ **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **6405 N. Federal Hwy., Ste. 102**
CITY-ST-ZIP **Ft. Lauderdale, FL 33308**

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

TITLE ☐ Change ☒ Addition
NAME **TD Juergen Bludau, MD**
STREET ADDRESS **2829 Embassy Drive**
CITY-ST-ZIP **W. Palm Beach, FL 33401**

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

TITLE ☐ Change ☒ Addition
NAME **SD Jerry Ciocon, MD**
STREET ADDRESS **3000 W. Cypress Creek Rd.**
CITY-ST-ZIP **Ft. Lauderdale, FL 33309**

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

TITLE ☒ Change ☐ Addition
NAME **P**
STREET ADDRESS **1310 Hound Chase Circle**
CITY-ST-ZIP **Pensacola, FL 32514**

TITLE ☐ Delete
NAME **DM TORBETT, JEANNE , CMP**
STREET ADDRESS **4909 LANNIE RD., SUITE B**
CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Signature of Jeanne Torbett, CMP

1-15-02

904-765-7938

CR2E037 (9/01)