

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34746

FILED
Apr 22, 2004
Secretary of State**Entity Name:** FLORIDA GERIATRICS SOCIETY, INC.**Current Principal Place of Business:**4909 LANNIE ROAD
SUITE B
JACKSONVILLE, FL 32218 US**New Principal Place of Business:**2563 CAPITAL MEDICAL BOULEVARD
TALLAHASSEE, FL 32308 US**Current Mailing Address:**4909 LANNIE ROAD
SUITE B
JACKSONVILLE, FL 32218 US**New Mailing Address:**2563 CAPITAL MEDICAL BOULEVARD
TALLAHASSEE, FL 32308 US**FEI Number:** 59-3018212**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**TORBETT, JEANNE CMP9
4909 LANNIE ROAD, SUITE B
JACKSONVILLE, FL 32218**Name and Address of New Registered Agent:**BODKIN, JR, LARRY E MS, CAE
2563 CAPITAL MEDICAL BOULEVARD
TALLAHASSEE, FL 32308

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: LARRY E. BODKIN, JR., MS, CAE

04/22/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: BLUDAU, JUERGEN MD
Address: 2829 EMBASSY DR
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VD () Delete
Name: CIOCON, JERRY MD
Address: 3000 W CYPRESS CREEK RD
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: P () Delete
Name: JACOBI, DONNA J MD
Address: 1310 HOUND CHASE CIRCLE
City-St-Zip: PENSACOLA, FL 32514

Title: DM () Delete
Name: TORBETT, JEANNE CMP
Address: 4909 LANNIE RD., SUITE B
City-St-Zip: JACKSONVILLE, FL 32218

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PED (X) Change () Addition
Name: NEMADE, SANDHYA S MD
Address: 12649 NW 18TH MANOR
City-St-Zip: PEMBROKE PINES, FL 33028

Title: PD (X) Change () Addition
Name: CIOCON, JERRY O MD
Address: 3000 WEST CYPRESS CREEK ROAD
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: IPPD (X) Change () Addition
Name: JACOBI, DONNA J MD
Address: 8880 UNIVERSITY PARKWAY, SUITE A
City-St-Zip: PENSACOLA, FL 32514

Title: STD (X) Change () Addition
Name: GOLDEN, ADAM G MD
Address: 86 WEST UNDERWOOD STREET, #102
City-St-Zip: ORLANDO, FL 32806

Title: PPD () Change (X) Addition
Name: GROENE, LINDA A MD
Address: 6405 NORTH FEDERAL HIGHWAY, #102
City-St-Zip: FORT LAUDERDALE, FL 33308

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JERRY O CIOCON, MD

PD

04/22/2004

Electronic Signature of Signing Officer or Director

Date