

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N34746

**FILED**  
**Apr 19, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA GERIATRICS SOCIETY, INC.

**Current Principal Place of Business:**

521 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 US

**New Principal Place of Business:**

**Current Mailing Address:**

521 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 US

**New Mailing Address:**

**FEI Number:** 59-3018212

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ADAMS, MARGO S  
521 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LAIRD, ROSEMARY MD  
Address: 721 PALMER WAY  
City-St-Zip: MELBOURNE, FL 32940 US

Title: PPD  
Name: POMIDOR, ALICE MD  
Address: 1115 WEST CALL STREET, SUITE 3140  
City-St-Zip: TALLAHASSEE, FL 32306 US

Title: D  
Name: GOLDEN, ADAM G MD  
Address: 3644 FLAMINGO DRIVE  
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: ED  
Name: ADAMS, MARGO S  
Address: 521 EAST PARK AVENUE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D  
Name: SILVERMAN, MICHAEL  
Address: 5200 NE 2ND AVENUE  
City-St-Zip: MIAMI, FL 33137 US

I hereby 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 all other like empowered.

SIGNATURE: MARGO S ADAMS

RA

04/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date