

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90073 026 ****61.25

DOCUMENT # N34746

1. Entity Name

FLORIDA GERIATRICS SOCIETY, INC.



Principal Place of Business

**4909 LANNIE ROAD
SUITE B
JACKSONVILLE FL 32218
US**

Mailing Address

**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

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. I am familiar with, and accept the obligations of registered agent.

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **GROENE, M.D. L**
STREET ADDRESS **6405 N FEDERAL HWY, STE 102**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

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

TITLE **TD** ☐ Delete
NAME **BLUDAU, JUERGEN MD**
STREET ADDRESS **2829 EMBASSY DR**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

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

TITLE **SD** ☐ Delete
NAME **CIOCON, JERRY MD**
STREET ADDRESS **3000 W CYPRESS CREEK RD**
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE **V/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **JACOBI, DONNA J MD**
STREET ADDRESS **1310 HOUND CHASE CIRCLE**
CITY-ST-ZIP **PENSACOLA FL 32514**

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

TITLE **DM** ☐ Delete
NAME **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

Jeanne Torbett, CMP

Jeanne Torbett, CMP

2-4-03

904-765-7938

CR2E037 (10/02)