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2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2002 8:00 am
Secretary of State
05-22-2002 90236 021 ****61.25

DOCUMENT # N96000004160

1. Entity Name

AGE INSTITUTE OF FLORIDA, INC.

Principal Place of Business	Mailing Address
C/O AGE INSTITUTE. PROF. ARTS BLDG. 25 PENNCRAFT AVENUE CHAMBERSBURG PA 17201	111 W MICHIGAN STREET MILWAUKEE WI 53203 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
785 Fifth Avenue	
Suite, Apt. #, etc. Suite 4	Suite, Apt. #, etc.
City & State Chambersburg PA	City & State
Zip 17201 Country USA	Zip Country

4. FEI Number 23-2856813 ☐ 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
NEAGLE, JONATHAN A. %PARTNERS HEALTH GROUP 14255 49TH ST., NORTH, BLDG.3, STE. 301 CLEARWATER FL 33762	Name: Bart Wyatt Street Address (P.O. Box Number is Not Acceptable) 100 Second Avenue South Suite 901- South City St. Petersburg FL Zip Code 33701

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 X Bart Wyatt JUN 19 2002

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CP TSCHOP, CAROL A. 141 HARVEST LANE CHAMBERSBURG PA 17201	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WARSHAWER, ELIZABETH 2114 DELANCEY PLACE PHILADELPHIA PA 19103	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT FRANCHI, EDUARDO E 293 WESTOVER WAY CHAMBERSBURG PA 17201	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CORMAN, JOHN P 41 PARKRIDGE DRIVE BRYN MAWR PA 19010	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JABRO, ANN D 109 COLONIAL DRIVE SEWICKLEY PA 15143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARCIA-MANGIAPANE, SYLVIA M 10029 NORTH 53RD ST TEMPLE TERRACE FL 33617	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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 REQUIRED Carol A. Tschop 5/9/2002 (717)263-7766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #