

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90120 028 ***150.00

DOCUMENT # P96000097907

1. Entity Name

GERIATRIC CARE MANAGEMENT, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2670 NE 215 STREET

Suite, Apt. #, etc.

3. Mailing Address

2670 NE 215 STREET

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
AVENTURA, FL

City & State
AVENTURA, FL

4. FEI Number
65-0711380

Applied For
Not Applicable

Zip
33180

Country
US

Zip
33180

Country
US

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

7. Name and Address of Current Registered Agent

Name
COHEN, SHARON F

Street Address (P.O. Box Number is Not Acceptable)
2670 NE 215 STREET

City
AVENTURA

FL

Zip Code
33180

DO NOT WRITE
IN THIS SPACE

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
COHEN, SHARON F
2670 NE 215 STREET
AVENTURA, FL 33180

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
COHEN, STEPHEN B
2670 NE 215 STREET
AVENTURA, FL 33180

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
KUHN, JACK W
2670 NE 215 STREET
AVENTURA, FL 33180

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DO NOT WRITE
IN THIS SPACE

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)