

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N34746

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

**Current Principal Place of Business:**

521 EAST PARK AVENUE  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

521 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 US

**FEI Number:** 59-3018212

**Certificate of Status Desired:** No

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

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

*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

**Officer/Director Detail :**

Title PAST PRESIDENT  
Name LAIRD, ROSEMARY MD  
Address 721 PALMER WAY  
City-State-Zip: MELBOURNE FL 32940

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

Title PRESIDENT  
Name SHEYNER, INNA MD  
Address 9126 HIGHLAND RIDGE WAY  
City-State-Zip: TAMPA FL 33647

Title SECRETARY, TREASURER  
Name MAVROIDES, CHRIS MD  
Address 1713 HIGHWAY 441 NORTH  
City-State-Zip: OKEECHOBEE FL 34972

*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

ED

04/17/2013

Electronic Signature of Signing Officer/Director Detail

Date