FILE NOW: FILING FEE AFTER MAY 1 $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 23 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 769546 (3)

1. Corporation Name
ELDERMED, INC.

Principal Place of Business	Mailing Address
912 E SLIGH P O OX 9384 TAMPA FL 33604-5636	912 E SLIGH P O OX 9384 TAMPA FL 33604-5636

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/25/1983	3a. Date of Last Report: 01/31/1994
4. FEI Number: 59-2336990	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

BEGELMAN, JACK D
700 TWIGG ST #800
TAMPA, 33604

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when mandated) DATE

Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	11 TITLE	☐ Change ☐ Addition
NAME	FAIRLEY, LYNN CPA	12 NAME	
STREET ADDRESS	7821 N DALE MABRY	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	14 CITY ST ZIP	
TITLE	~~P~~	21 TITLE	PRESIDENT P ☑ Change ☑ Addition
NAME	~~BEGELMAN, JACK D.~~	22 NAME	Molly Rose, PhD USF School Nursing
STREET ADDRESS	~~700 TWIGGS STREET #800~~	23 STREET ADDRESS	12901 N. 30TH ST. TAMPA FLA
CITY-ST-ZIP	~~TAMPA FL~~	24 CITY ST ZIP	
TITLE	~~D~~	31 TITLE	SECRETARY S ☑ Change ☑ Addition
NAME	~~SMITH, JEANNE~~	32 NAME	LESLIE DUNN
STREET ADDRESS	~~ONE BEACH DR. #2705~~	33 STREET ADDRESS	1220 E HENRY ST
CITY-ST-ZIP	~~ST. PETERSBURG FL~~	34 CITY ST ZIP	TAMPA FLA
TITLE	VPD	41 TITLE	☐ Change ☐ Addition
NAME	CURREA, LEWIS	42 NAME	
STREET ADDRESS	912 E SLIGH AVE	43 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jack D Begelman

Signature and name of officer or director

Date

Daytime Phone #

0035450