NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Sep 10 1998 8:00am
Secretary of State

0006256

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

3. Date Incorporated or Qualified: 07/25/1983

4. FEI Number: 59-2336990 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CURREA, LEWIS
912 E SLIGH
TAMPA FL 33604-5636

10. Name and Address of New Registered Agent

81 Name: ~~DEREK BRETT~~ DEREK BRETT SPILMAN

82 Street Address (P.O. Box Number is Not Acceptable): DEREK BRETT SPILMAN, P.A.

83: 4215 MILLER DR.

84 City: ST. PETE BEACH FL 85 Zip Code: 33706

11. Pursuant to the provisions of sections 617.0502 and 617.1808, 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 617.0503, Florida Statutes.

SIGNATURE _____ 9/6/98
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D FAIRLEY, LYNN CPA 7821 N DALE MABRY TAMPA FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P/C/D PAGE, PHYLLIS (SEE ATTACHED)	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RYDER, KATHY PHD 2727 W. FLETCHEER AVE. #14-1 TAMPA FL 33618	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP/D RYDER, KATHY PHD 2727 W. FLETCHER TAMPA FL 33618	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CURREA, LEWIS 912 E SLIGH AVE TAMPA FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	MULTIPLE ADDITIONS ATTACHED (3 PAGES)	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P MATTI, LEO 15701 BOVINE PLACE TAMPA FL 33624	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/98)

14. 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 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: _____ 9/6/98 7273679777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CENTER FOR FAMILY HEALTH
Community-Based, Not-For-Profit Health Services
ELDERMED, INC

912 EAST SLIGH AVENUE, TAMPA FL 33604 *Tel/Fax 237-6988*

DIRECTORY OF BOARD OF DIRECTORS AND OFFICERS 1998

ELDERMED, INC.

NAME	POSITION	WORK ADDRESS	WORK TELEPHONE/FAX	HOME ADDRESS	HOME TELEPHONE	e-mail address
Enrique Ballestas, MD	Director	Krug Family Health Center 1559 Indian Rocks Road Largo, Fl, 33774	(813) 588-2695	3165 Spoonbill Court Largo, Fl, 33762	(727)572-6744	Ballestas@worldnet.att.net.
Kim Davis, ARNP, MS	Director	Critikon, Division of Ethicon, Inc. 4110 George Road Tampa, fl, 33634	(813) 887-2210 Fax: (813) 887-2552	3311 Lawn Avenue Tampa, Fl, 33611	(813)831-7024	Kdavis@crtus,jnj.com
Elaine Francis, PhD. ARNP.	Director	USF College of Nursing 12901 Bruce B. Downs Blvd. Tampa, Fl, 33612	(813)974 - 9085	437-79TH Avenue St Petersburg Beach, Fl, 33706	(813) 367-1797	Eefranci@com1.med.usf.edu
Roger Green, ARNP	Director		(813) 219-8993 Pager	5688 Baywater Dr. Tampa,Fl, 33615	(813) 855-0578	RGreen1695@aol.com

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Phyllis Page, ARNP, PhD.	Director, President, Chairman	USF College of Nursing 12901 Bruce B. Downs Blv. MDC 22 Tampa, Fl, 33612	(813) 972-9267	5307 Laurel Poente Dr. Valrico, Fl, 33594	(813)661-9335	Ppage@com1.med.usf.edu
Maria Pinzón	Director, Secretary	Hispanic Needs and Service Council 2700 North MacDill Avenue, suite 108 Tampa, Fl, 33607	(813) 876-7223			
Vince Payne, CPA	Director, Treasurer		(813) 282-8828 Ext. 1169	913 River Rapids Avenue Brandon, Fl, 33511	(813) 661-5309	
Kathy Ryder, Ph.D.	Director, Vice President			2727 West Fletcher Avenue, #14-I Tampa, Fl, 33618	Tel/Fax:(813) 961-9232	Ryder@chuma.cas.usf.edu
Mary Harris RN, DRPH	Director	13201 Bruce B. Downs Blvd. MDC 56 Tampa, FL, 33612	(813) 974-4454 F: 974-5172	15210 Amberly Dr. Apt.1534 Tampa, Fl, 33647	(813) 971-6011	Mharris@com1.med.usf.edu
Don Stordahl M.H.A.	Director	Strategic Alternatives in **Healthcare** 10407 Reclinata Lane Tampa, FL, 33618	(813) 933-9730		(813)935-2755	Dstord1968@aol.com

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Derek Spilman, ESQ	Director, General Counsel	4215 Miller Dr. St Petesburg Beach , Fl, 33706	(813) 832-5595	4215 Miller Dr. St Petesburg Beach , Fl, 33706	(727) 367-9777	Dbspa@mindspring.. Com.