

2007. NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 24, 2007 8:00 am
Secretary of State

05-24-2007 90003 031 ****61.25

DOCUMENT # 769546

1. Entity Name

ELDERMED, INC.



Principal Place of Business

912 E SLIGH
TAMPA FL 33604-5636
US

Mailing Address

912 E SLIGH
TAMPA FL 33604
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2336990

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

WILHITE, SARAH
3812 GUNN HWY
TAMPA FL 33618

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PCD ☒ Delete
NAME: PAGE, PHYLLIS
STREET ADDRESS: 5307 LAUREL POENTE DR
CITY-STATE-ZIP: VALRICO FL 33594 **DELETE**

TITLE: ☒ Change ☐ Addition
NAME: **Delete**
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: VD ☐ Delete
NAME: RYDER, KATHY PHD
STREET ADDRESS: 2727 W. FLETCHER AVE. #14-1
CITY-STATE-ZIP: TAMPA FL 33618

TITLE: PD ☒ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: D ☐ Delete
NAME: WILHITE, SARAH
STREET ADDRESS: 3812 GUNN HWY
CITY-STATE-ZIP: TAMPA FL 33618

TITLE: TD ☒ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: SD ☐ Delete
NAME: DAVIS, KIM A MS
STREET ADDRESS: 3311 LAWN AVENUE
CITY-STATE-ZIP: TAMPA FL 33611

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: D ☒ Delete
NAME: GREEN, ROGER A
STREET ADDRESS: 5688 BAYWATER DR
CITY-STATE-ZIP: TAMPA FL 33615

TITLE: ☒ Change ☐ Addition
NAME: **Delete**
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: D ☐ Delete
NAME: KEITH, MARY PHD
STREET ADDRESS: 2106 E. ANNIE ST.
CITY-STATE-ZIP: TAMPA FL 33612

TITLE: VPD ☒ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Sarah Wilhite

5-17-07

813-264-0187