


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2008 08:00 AM
Secretary of State

DOCUMENT # 769546 1. Entity Name ELDERMED, INC.	
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Principal Place of Business 912 E SLIGH TAMPA FL 33604-5636 US	Mailing Address 912 E SLIGH TAMPA FL 33604 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent WILHITE, SARAH 3812 GUNN HWY TAMPA FL 33618	
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7. Name and Address of New Registered Agent	
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: No elected Agent signature required when reappointing) DATE _____

FILE NOW - FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	RYDER, KATHY PHD
STREET ADDRESS	2727 W. FLETCHER AVE. #14-1
CITY- ST- ZIP	TAMPA FL 33618
TITLE	TD <input type="checkbox"/> Delete
NAME	WILHITE, SARAH
STREET ADDRESS	3812 GUNN HWY
CITY- ST- ZIP	TAMPA FL 33618
TITLE	SD <input type="checkbox"/> Delete
NAME	DAVIS, KIM A MS
STREET ADDRESS	3311 LAWN AVENUE
CITY- ST- ZIP	TAMPA FL 33611
TITLE	VPD <input type="checkbox"/> Delete
NAME	KEITH, MARY PHD
STREET ADDRESS	2106 E. ANNIE ST.
CITY- ST- ZIP	TAMPA FL 33612
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000848486
STREET ADDRESS	03/20/08-80019-006 61.25
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- 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: 