

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769546

Entity Name: ELDERMED, INC.

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

912 E SLIGH
TAMPA, FL 336045636 US

New Principal Place of Business:

Current Mailing Address:

912 E SLIGH
TAMPA, FL 33604 US

New Mailing Address:

FEI Number: 59-2336990 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WILHITE, SARAH
3812 GUNN HWY
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RYDER, KATHY PHD
Address: 2727 W. FLETCHER AVE. #14-1
City-St-Zip: TAMPA, FL 33618

Title: TD () Delete
Name: WILHITE, SARAH
Address: 3812 GUNN HWY
City-St-Zip: TAMPA, FL 33618

Title: SD () Delete
Name: DAVIS, KIM A MS
Address: 3311 LAWN AVENUE
City-St-Zip: TAMPA, FL 33611

Title: VPD () Delete
Name: KEITH, MARY PHD
Address: 2106 E. ANNIE ST.
City-St-Zip: TAMPA, FL 33612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SARAH WILHITE

TD

05/01/2009

Electronic Signature of Signing Officer or Director

Date