

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000113788

**FILED**  
**Feb 13, 2008**  
**Secretary of State**

**Entity Name:** GERIATRIC ASSOCIATES, LLC.

**Current Principal Place of Business:**

2700 WALKERS WAY  
WESTON, FL 33331 US

**New Principal Place of Business:**

222 S. FLAMINGO RD  
PEMBROKE PINES, FL 33027 US

**Current Mailing Address:**

2700 WALKERS WAY  
WESTON, FL 33331 US

**New Mailing Address:**

222 S. FLAMINGO RD  
PEMBROKE PINES, FL 33027 US

**FEI Number:** 26-1403221

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JAFFER, FAUZIA M  
2700 WALKERS WAY  
WESTON, FL 33331 US

**Name and Address of New Registered Agent:**

GOZLEVELI, TAMER  
222 S. FLAMINGO RD  
PEMBROKE PINES, FL 33027 US

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:** TAMER GOZLEVELI DO

02/13/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** JAFFER, MOHSIN  
**Address:** 2700 WALKERS WAY  
**City-St-Zip:** WESTON, FL 33331 US

**Title:** MGRM ( ) Delete  
**Name:** GOZLEVELI, TAMER  
**Address:** 2847 N.E. 26 TH. PLACE  
**City-St-Zip:** FT. LAUDERDALE, FL 33331 US

**ADDITIONS/CHANGES:**

**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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** TAMER GOZLEVELI

OWNE

02/13/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date