

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012151

FILED  
Apr 11, 2008  
Secretary of State

Entity Name: TAMPA BAY GERIATRIC SOCIETY, CORP.

## Current Principal Place of Business:

12901 BRUCE B. DOWNS BLVD  
MDC 19  
TAMPA, FL 33612

## New Principal Place of Business:

## Current Mailing Address:

12901 BRUCE B. DOWNS BLVD  
MDC 19  
TAMPA, FL 33612

## New Mailing Address:

FEI Number: 23-7313346

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PERRON, M.D., VINCENT D  
12901 BRUCE B. DOWNS BLVD.  
MDC 19  
TAMPA, FL 33612 US

## Name and Address of New Registered Agent:

PERRON, VINCENT D M.D.  
12901 BRUCE B. DOWNS BLVD.  
MDC 19  
TAMPA, FL 33612 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: VINCENT PERRON, MD

04/11/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PERRON, VINCENT D M.D.  
Address: 12901 BRUCE B. DOWNS BLVD. MDC 19  
City-St-Zip: TAMPA, FL 33612 US

Title: V ( ) Delete  
Name: JAEN-VINUALES, ALEJANDRO MD  
Address: 12901 BRUCE B. DOWNS BLVD. MDC 19  
City-St-Zip: TAMPA, FL 33612 US

Title: D ( ) Delete  
Name: TAHIR, HUSSAIN MD  
Address: 12901 BRUCE B DOWNS BLVD MDC 19  
City-St-Zip: TAMPA, FL 33612 US

Title: T ( ) Delete  
Name: RODRIGUEZ, LOURDES BA  
Address: 12901 BRUCE B DOWNS BLVD MDC 19  
City-St-Zip: TAMPA, FL 33612 US

Title: S ( ) Delete  
Name: MORALES, VALERIE ARNP  
Address: 12901 BRUCE B DOWNS BLVD MDC 19  
City-St-Zip: TAMPA, FL 33612 US

Title: M ( ) Delete  
Name: VENTURINO, JEAN C ARNP  
Address: 12901 BRUCE B DOWNS BLVD MDC 19  
City-St-Zip: TAMPA, FL 33612 US

## 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:

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: VINCENT PERRON, MD

P

04/11/2008

Electronic Signature of Signing Officer or Director

Date