2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 05, 2008
Secretary of State

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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, VINCENT D M.D.
12901 BRUCE B. DOWNS BLVD.
MDC 19
TAMPA, FL 33612 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:	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	(X) Delete
Name:	TAHIR, HUSSAIN MD	
Address:	12901 BRUCE B DOWNS BLVD MDC 19	
City-St-Zip:	TAMPA, FL 33612 US	
Title:	T	(X) Delete
Name:	RODRIGUEZ, LOURDES BA	
Address:	12901 BRUCE B DOWNS BLVD MDC 19	
City-St-Zip:	TAMPA, FL 33612 US	
Title:	S	(X) Delete
Name:	MORALES, VALERIE ARNP	
Address:	12901 BRUCE B DOWNS BLVD MDC 19	
City-St-Zip:	TAMPA, FL 33612 US	
Title:	M	(X) 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:	P, S	(X) Change ( ) Addition
Name:	PERRON, VINCENT D M.D.	
Address:	12901 BRUCE B. DOWNS BLVD. MDC 19	
City-St-Zip:	TAMPA, FL 33612 US	
Title:	V, T	(X) Change ( ) Addition
Name:	RODRIGUEZ, LOURDES	
Address:	12901 BRUCE B DOWNS BLVD MDC 19	
City-St-Zip:	TAMPA, FL 33612 US	
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 D PERRON, MD P,S 09/05/2008

Electronic Signature of Signing Officer or Director — Date