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FILED

May 05 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N06443** (8)

1. Corporation Name

**OLDER ADULT SERVICES, INC.**

Principal Place of Business

Mailing Address

**ONE TAMPA CITY CENTER. #2848  
TAMPA FL 33602**

**ONE TAMPA CITY CENTER. #2848  
TAMPA FL 33602-5816**



3. Date Incorporated or Qualified  
**12/03/1984**

3a. Date of Last Report  
**05/01/1996**

4. FEI Number  
**59-2482914**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PATRICK, STACY Y  
AIDMAN, FISER & COMPANY  
101 KENNEDY E. BLVD., STE 1960  
TAMPA FL 33602**

81 Name **Patrick, Stacy Y**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**401 E JACKSON STREET**  
83 **SUITE 2400**  
84 City **TAMPA** FL 85 Zip Code **33602**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **STOLZ, RALPH**  
CITY-ST-ZIP **8773 ASHWORTH DRIVE**  
**TAMPA FL**

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME **BD**  
1.3 STREET ADDRESS **MARI Lynn Smith**  
1.4 CITY-ST-ZIP **1 TAMPA CITY CENTER #2848**  
**TAMPA, FL 33602**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **SENK, PAM**  
CITY-ST-ZIP **7307 NOVA CIR**  
**TAMPA FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☒ DELETE  
NAME **ED**  
STREET ADDRESS **HANNA, TERESA**  
CITY-ST-ZIP **1 TAMPA CITY CTR #2848**  
**TAMPA FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **PETERSON, NANCY**  
CITY-ST-ZIP **2402 S. ARDSON PLACE**  
**TAMPA FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **DT**  
STREET ADDRESS **PATRICK, STACY**  
CITY-ST-ZIP **101 E KENNEDY #1960**  
**TAMPA FL**

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME **STACY Y PATRICK**  
5.3 STREET ADDRESS **401 E Jackson St. Suite 2400**  
5.4 CITY-ST-ZIP **Tampa, FL 33602**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **RICHEY, LARRY**  
CITY-ST-ZIP **1 TAMPA CITY CTR #1960**  
**TAMPA FL**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)