

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34746

FILED
Apr 11, 2007
Secretary of State

Entity Name: FLORIDA GERIATRICS SOCIETY, INC.

Current Principal Place of Business:

2563 CAPITAL MEDICAL BOULEVARD
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

1115 WEST CALL STREET
SUITE 3140
TALLAHASSEE, FL 32306 US

Current Mailing Address:

2563 CAPITAL MEDICAL BOULEVARD
TALLAHASSEE, FL 32308 US

New Mailing Address:

1115 WEST CALL STREET
SUITE 3140
TALLAHASSEE, FL 32306 US

FEI Number: 59-3018212

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BODKIN, JR, LARRY E MS, CAE
2563 CAPITAL MEDICAL BOULEVARD
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

SCOTT, REGINA
1115 WEST CALL STREET
SUITE 3140
TALLAHASSEE, FL 32306 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: REGINA SCOTT

04/11/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NEMADE, SANDHYA S MD
Address: 12649 NW 18TH MANOR
City-St-Zip: PEMBROKE PINES, FL 33028

Title: IPPD () Delete
Name: CIOCON, JERRY O MD
Address: 3000 WEST CYPRESS CREEK ROAD
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: PPD () Delete
Name: JACOBI, DONNA J MD
Address: 8880 UNIVERSITY PARKWAY, SUITE A
City-St-Zip: PENSACOLA, FL 32514

Title: PED () Delete
Name: GOLDEN, ADAM G MD
Address: 86 WEST UNDERWOOD STREET, #102
City-St-Zip: ORLANDO, FL 32806

Title: ED () Delete
Name: BODKIN, LARRY E
Address: 2563 CAPITAL MEDICAL BLVD.
City-St-Zip: TALLAHASSEE, FL 32308

Title: STD () Delete
Name: SILVERMAN, MICHAEL
Address: 5200 NE 2ND AVENUE
City-St-Zip: MIAMI, FL 33137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: IPPD (X) Change () Addition
Name: NEMADE, SANDHYA S MD
Address: 6405 N. FEDERAL HIGHWAY, # 102
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: PPD (X) Change () Addition
Name: CIOCON, JERRY O MD
Address: 2950 CLEVELAND CLINIC BOULEVARD
City-St-Zip: WESTON, FL 33331

Title: STD (X) Change () Addition
Name: POMIDOR, ALICE MD
Address: 1115 WEST CALL STREET, SUITE 3140
City-St-Zip: TALLAHASSEE, FL 32306

Title: PD (X) Change () Addition
Name: GOLDEN, ADAM G MD
Address: 86 WEST UNDERWOOD STREET, #102
City-St-Zip: ORLANDO, FL 32806

Title: ED (X) Change () Addition
Name: SCOTT, REGINA
Address: 1115 WEST CALL STREET, SUITE 3140
City-St-Zip: TALLAHASSEE, FL 32306

Title: PED (X) Change () Addition
Name: SILVERMAN, MICHAEL
Address: 5200 NE 2ND AVENUE
City-St-Zip: MIAMI, FL 33137

I hereby certify that the information supplied with this filing does not qualify for the 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: SANDHYA NEMADE, MD

IPPD

04/11/2007

Electronic Signature of Signing Officer or Director

Date