

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34746

FILED
May 01, 2008
Secretary of State

Entity Name: FLORIDA GERIATRICS SOCIETY, INC.

Current Principal Place of Business:

1115 WEST CALL STREET
SUITE 3140
TALLAHASSEE, FL 32306 US

New Principal Place of Business:

Current Mailing Address:

1115 WEST CALL STREET
SUITE 3140
TALLAHASSEE, FL 32306 US

New Mailing Address:

FEI Number: 59-3018212 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: PD (X) Change () Addition
Name: GOLDEN, ADAM G MD
Address: 3644 FLAMINGO DRIVE
City-St-Zip: MIAMI BEACH, FL 33140

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: ALICE POMIDOR

STD

05/01/2008

Electronic Signature of Signing Officer or Director

Date