

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N36530

FILED
Apr 12, 2003
Secretary of State

Entity Name: CENTER FOR GERONTOLOGY, INC.

Current Principal Place of Business:

800 EAST BROWARD SUITE 608
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

2110 NE 30TH ST
FORT LAUDERDALE, FL 33306

Current Mailing Address:

P.O. BOX 24384
FORT LAUDERDALE, FL 33307 US

New Mailing Address:

FEI Number: 65-0191347 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRANG, SAMUEL B., III
2110 N.E. 30TH STREET
FT. LAUDERDALE, FL 33306 US

Name and Address of New Registered Agent:

STRANG, SAMUEL B III
2110 N.E. 30TH STREET
FT. LAUDERDALE, FL 33306 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: SAMUEL B. STRANG

04/12/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STRANG, SAMUEL B., I, II
Address: 2110 NE 30TH ST
City-St-Zip: FT. LAUDERDALE, FL 33306

Title: D () Delete
Name: ROBERT MCKINLAY,
Address: 11300 NE 2ND AVE
City-St-Zip: FT. LAUDERDALE, FL 33161

Title: D () Delete
Name: MCKAMEY DEEKERHOFF, SUSAN
Address: PO BOX 24384
City-St-Zip: FT, LAUDERDALE, FL 33307

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BOWERS, CATHY F
Address: PO BOX 24384
City-St-Zip: FT, LAUDERDALE, FL 33307

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SAMUEL B. STRANG

PRES

04/12/2003

Electronic Signature of Signing Officer or Director

Date