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UCC FILING & SEARCH SERVICES	200001380352
(Requestor's Name)	
526 EAST PARK AVENUE SUITE 200	*****70.00 *****70.00
TALLAHASSEE, FL 32301 (904) 681-6528	
(City, State, Zip) (Phone #)	
	OFFICE USE ONLY
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CORPORATION NAME(S) & DOCUMENT NUM	ABER(S) (if known):
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	Annual Report
	Fictitious Name
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Other

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	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

Merger

# **HOLD FOR PICKUP BY UCC SERVICES**

Examiner's Initials	

#### ARTICLES OF INCORPORATION

OF

The Informed Elder Institute, Inc.



#### A NONPROFIT CORPORATION

We, the undersigned, with other persons being desirous of forming a nonprofit corporation, under the provisions of Chapter 617.0302 of the Florida Statutes, do agree to the following:

#### ARTICLE I

The name of the corporation is:

The Informed Elder Institute, Inc.

The address of the principal office of this corporation shall be, 412 E. Madison Street, Suite 900, Tampa, Florida 33602, and the mailing address of the corporation shall be the same.

#### ARTICLE II

The corporation may engage in or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation. This is a nonprofit Florida corporation organized to educate the public on issues affecting the elderly.

### ARTICLE III

The manner in which the directors are to be elected or appointed shall be as stated in the bylaws.

#### ARTICLE IV

The name and address of the incorporator of these Articles is:

UCC Filing & Search Services, Inc. 526 East Park Avenue, Suite 200 Tallahassee, Florida 32301

#### ARTICLE V

This corporation is to exist perpetually.

#### ARTICLE VI

The street address of the initial registered office of the corporation shall be 526 East Park Avenue, Suite 200, Tallahassee, Florida, 32301, and the name of the initial registered agent of the corporation at that address is UCC Filing & Search Services, Inc.

#### ARTICLE VII

The name and street address of the initial Officers and Directors are:

Jack M. Rosenkranz P.O. Box 1999 Tampa, FL 32601-1999 President/Secretary/ Director

Byron Smith 101 E. Kennedy Blvd. Suite 1960 Tampa, FL 33602 Treasurer/Director

Michael Thomas University Community Hospital 3100 E. Fletcher Avenue Tampa, FL 33613 Vice President

Walter Bullington 510 Vonderburg Drive Suite 3009 Brandon, FL 33511 Director

IN WITNESS WHEREOF, the undersigned agent of UCC Filing & Search Services, Inc., has hereunto set her hand and seal of UCC Filing & Search Services, Inc., on this 18th day of January, 1995.

UCC Filing & Search Services, Inc.

Its Agent Betty

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### Florida Department of State, Jim Smith, Secretary of State

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Flored of submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. 1a. The name of the corporation is: The Informed Elder Institute, INC 1b. Date of incorporation \_\_\_\_\_\_\_//15// 95 \_\_\_\_\_ Document number N 9.5 11 0000 25/ 2. The name and address of the current registered agent and office: UCC Filing & Search Services, Inc. 520 E. Park Avenue, Suite 200 Tallahassee, FL 32301 ne name and address of the new registered agent and office:

(P.O. Box Not Acceptable)

ACK M. Rosenkennz, 412 E. madisan St. 3. The name and address of the new registered agent and office: TAMPA, FL 33602 The street address of its registered agent and the street address of the business office of its registered agent as changed will be identical. Such change was authorized by fesolution duly adopted by its board of directors or by an officer so authorized by the board. SIGNATURE HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COM-PLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

SIGNATURE

DATE \_

CR2E045 (7-91)

FILING FEE: \$35.00

(Registered Agent)