

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-23-2002 90013 031 ****70.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005077

1. Entity Name

FLORIDA GERIATRIC CARE MANAGERS ASSOCIATION, INC

Principal Place of Business

9715 W. BROWARD BLVD.
#206
PLANTATION FL 33324

Mailing Address

9715 W. BROWARD BLVD.
#206
PLANTATION FL 33324

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0400174

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORANO, BARBARA
8900 STIRLING RD
SUITE 210
COOPER CITY FL 33024

7. Name and Address of New Registered Agent

Name: BARBARA RILEY-BAKER

Street Address (P.O. Box Number is Not Acceptable)

2350 HARRISON DR.

City: Dunedin

FL

Zip Code 34688

8. 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

Barbara Riley Baker

4-26-02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

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TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

SIGNATURE

Barbara Riley Baker

4-26-02

727-736-8231