

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2005 8:00 am
Secretary of State

06-06-2005 90007 001 ****70.00

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**



03072005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

**ROWLANDS, CATHERINE F
243 CARMEL DR.
MELBOURNE, FL 32940**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Catherine F. Rowlands*
CATHERINE F. ROWLANDS, TREASURER

5-31-05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <i>CATHERINE</i> ROWLANDS, GERALDINE 293 CARMEL DR. MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARLOWE, LIZ PO BOX 158 CLEARWATER, FL 33757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE FLEISCHER, SUSAN 2699 STIRLING RD., SUITE C-304 FORT LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAL CAMERON, AMY 1617 E. HILLCREST ST. ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARFIELD, DEBORAH 9715 W BROWARD BLVD SUITE 206 PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEBOVICH, MARK 8715 W. BROWARD BLVD SUITE 100 PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

SIGNATURE: *Catherine F. Rowlands*
CATHERINE F. ROWLANDS, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/31/05 (321) 752-0995