## 2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # N95000005077**

1. Entity Name

FLORIDA GERIATRIC CARE MANAGERS ASSOCIATION, INC.

6. Name and Address of Current Registered Agent



Principal Place of Business

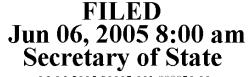
Mailing Address

9715 W. BROWARD BLVD. #206 PLANTATION, FL 33324

9715 W. BROWARD BLVD.

#206

PLANTATION, FL 33324



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



DO NOT WRITE IN THIS SPACE

03072005 No Chg-NP

CR2E037 (10/03)

4. FEI Number 65-0400174

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

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.  (Lifting J-Lewlind SIGNATURE (HTTACKURE F. ROLLINGS TRESURES)  |  |   |                               |  |
|---|--|---|-------------------------------|--|
|   | Signature, typed or printed name of registrated agent and title if applicable. (NOTE: Regi | stered Agent signature required when reinstating) | DATE                          |  |
|   | Filing Fee is \$61.25 9. Election Campaign F  Due by May 1, 2005 Trust Fund Contribut      |   |                               |  |
| 10. • OFFICERS AND DIRECTORS  |  |   |                               |  |
| NAME STREET ADDRESS CITY-ST-ZIP   | T. CHERRINE<br>ROWLANDS, <del>GERALDINE</del><br>293 CARMEL DR.<br>MELBOURNE, FL 32940     |   |                               |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | S<br>BARLOWE, LIZ<br>PO BOX 158<br>CLEARWATER, FL 33757                                    |   | DO NOT WRITE<br>IN THIS SPACE |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | PE<br>FLEISCHER, SUSAN<br>2699 STIRLING RD., SUITE C-304<br>FORT LAUDERDALE, FL 33312      | DO  |                               |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | MAL<br>CAMERON, AMY<br>1617 E. HILLCREST ST.<br>ORLANDO, FL 32803                          | IN  |                               |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | S<br>BARFIELD, DEBORAH<br>9715 W BROWARD BLVD SUITE 206<br>PLANTATION, FL 33324            |   |                               |  |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP   | P<br>LEBOVICH, MARK<br>8715 W. BROWARD BLVD SUITE 100<br>PLANTATION, FL 33324              |   |                               |  |
| 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 of 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: CATHOLINE F. ROWANDS, JULIANUS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1321 752-0995

5/31/05