

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N95000005077

FILED
Oct 13, 2006
Secretary of State

Entity Name: FLORIDA GERIATRIC CARE MANAGERS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0400174

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

O'ROURKE, AMY C
3319 MAGUIRE BLVD.
#100
ORLANDO, FL 32803 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: AMY O'ROURKE

10/13/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: ROWLANDS, GERALDINE
Address: 293 CARMEL DR.
City-St-Zip: MELBOURNE, FL 32940

Title: S () Delete
Name: BARLOWE, LIZ
Address: PO BOX 158
City-St-Zip: CLEARWATER, FL 33757

Title: PE () Delete
Name: FLEISCHER, SUSAN
Address: 2699 STIRLING RD., SUITE C-304
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: MAL () Delete
Name: CAMERON, AMY
Address: 1617 E. HILLCREST ST.
City-St-Zip: ORLANDO, FL 32803

Title: S () Delete
Name: BARFIELD, DEBORAH
Address: 9715 W BROWARD BLVD SUITE 206
City-St-Zip: PLANTATION, FL 33324

Title: P () Delete
Name: LEBOVICH, MARK
Address: 8715 W. BROWARD BLVD SUITE 100
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: O'ROURKE, AMY C
Address: 3319 MAGUIRE BLVD. 3100
City-St-Zip: ORLANDO, FL 32803

Title: S (X) Change () Addition
Name: DAVIS, JOANNA
Address: 5935 BERKFORD DR.
City-St-Zip: HOLIDAY, FL 34690 US

Title: P (X) Change () Addition
Name: FLEISCHER, SUSAN
Address: 2699 STIRLING RD., SUITE C-304
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: MAL (X) Change () Addition
Name: SWERDLOW, STEPHANIE
Address: 4451 PLAYER ST.
City-St-Zip: HOLLYWOOD, FL 33021

Title: PE (X) Change () Addition
Name: BARLOWE, LIZ
Address: 8237 129TH ST.
City-St-Zip: SEMINOLE, FL 33776

Title: MAL (X) Change () Addition
Name: LEBOVICH, MARK
Address: 20154 OCEAN KEY DR
City-St-Zip: BOCA RATON, FL 33498 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: AMY O'ROURKE

TREA

10/13/2006

Electronic Signature of Signing Officer or Director

Date