


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 08:00 A
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



03132007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0400174	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent O'ROURKE, AMY C 3319 MAGUIRE BLVD. #100 ORLANDO, FL 32803	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.	

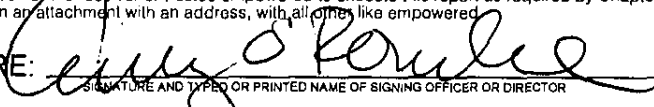
SIGNATURE _____		DATE _____
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T O'ROURKE, AMY C 3319 MAGUIRE BLVD. 3100 ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVIS, JOANNA 5935 BERKFORD DR. HOLIDAY, FL 34690
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLEISCHER, SUSAN 2699 STIRLING RD., SUITE C-304 FORT LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAL SWERDLOW, STEPHANIE 4451 PLAYER ST. HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE BARLOWE, LIZ 8237 129TH ST. SEMINOLE, FL 33776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAL LEIBOVITCH, MARK 20154 OCEAN KEY DR BOCA RATON, FL 33498

DO NOT WRITE
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04/05/07-80046-023 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 	Date _____ Daytime Phone # _____
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	