

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90068 001 ****61.25

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04172008

Chg-NP

CR2E037 (12/06)

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

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

7. Name and Address of New Registered Agent

Name **Davis, Joanna M**
Street Address (P.O. Box Number is Not Acceptable)

210 S. Pinellas Ave Ste 176

City **Tarpon Springs**

FL Zip Code **34689**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4.17.08

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **T** ☒ Delete
NAME **O'ROURKE, AMY C**
STREET ADDRESS **3319 MAGUIRE BLVD. 3100**
CITY-ST-ZIP **ORLANDO, FL 32803**

TITLE **S** ☐ Delete
NAME **DAVIS, JOANNA**
STREET ADDRESS **5935 BERKFORD DR.**
CITY-ST-ZIP **HOLIDAY, FL 34690**

TITLE **P** ☐ Delete
NAME **FLEISCHER, SUSAN**
STREET ADDRESS **2699 STIRLING RD., SUITE C-304**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33312**

TITLE **MAL** ☐ Delete
NAME **SWERDLOW, STEPHANIE**
STREET ADDRESS **4451 PLAYER ST.**
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE **PE** ☐ Delete
NAME **BARLOWE, LIZ**
STREET ADDRESS **8237 129TH ST.**
CITY-ST-ZIP **SEMINOLE, FL 33776**

TITLE **MAL** ☐ Delete
NAME **LEIBOVITCH, MARK**
STREET ADDRESS **20154 OCEAN KEY DR**
CITY-ST-ZIP **BOCA RATON, FL 33498**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **Cramer, Linda**
STREET ADDRESS **3960 Radio Rd**
CITY-ST-ZIP **Naples FL 34104**

TITLE **D** ☒ Change ☒ Addition
NAME **Davis, Joanna M**
STREET ADDRESS **210 S. Pinellas Ave Ste 176**
CITY-ST-ZIP **Tarpon Springs FL 34689**

TITLE **D** ☒ Change ☐ Addition
NAME **Davis, Joanna M**
STREET ADDRESS **210 S. Pinellas Ave Ste 176**
CITY-ST-ZIP **Tarpon Springs FL 34689**

TITLE **S/D** ☒ Change ☐ Addition
NAME **SWERDLOW, STEPHANIE**
STREET ADDRESS **4451 PLAYER ST.**
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE **P/D** ☒ Change ☐ Addition
NAME **BARLOWE, LIZ**
STREET ADDRESS **8237 129TH ST.**
CITY-ST-ZIP **SEMINOLE, FL 33776**

TITLE **D** ☒ Change ☐ Addition
NAME **Davis, Joanna M**
STREET ADDRESS **210 S. Pinellas Ave Ste 176**
CITY-ST-ZIP **Tarpon Springs FL 34689**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.17.08

27-858-0284

ATTACHMENT
40074350

2008 Not For Profit Corporation Annual Report
Document # N95000005077
Florida Geriatric Care Managers Association, Inc.
FEI Number 65-0400174

Additions/Changes to Officers and Directors in 10

Additions:

T/D
Catherine Rowlands
293 Carmel Dr.
Melbourne, FL 32940

D
Rhoda Goldberg
5233 Canterbury Dr
Sarasota, FL 34243