

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 23, 2008
Secretary of State

DOCUMENT# N95000005077

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:**DARIS, JOANNA M
210 S. PINELLAS AVE. STE 176
TARPOON SPRINGS, FL 34689 US**Name and Address of New Registered Agent:**ROWLANDS, CATHERINE F TREAS
293 CARMEL DRIVE
MELBOURNE, FL 32940 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: CATHERINE F. ROWLANDS

05/23/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** D () Delete
Name: CRAMER, LINDA
Address: 3960 RADIO RD
City-St-Zip: NAPLES, FL 34104**Title:** D () Delete
Name: DAVIS, JOANNA
Address: 210 S. PINELLAS AVE STE 176
City-St-Zip: TARPON SPRINGS, FL 34689 US**Title:** D () Delete
Name: FLEISCHER, SUSAN
Address: 2699 STIRLING RD., SUITE C-304
City-St-Zip: FORT LAUDERDALE, FL 33312**Title:** S/D () Delete
Name: SWERDLOW, STEPHANIE
Address: 4451 PLAYER ST.
City-St-Zip: HOLLYWOOD, FL 33021**Title:** P/D () Delete
Name: BARLOWE, LIZ
Address: 8237 129TH ST.
City-St-Zip: SEMINOLE, FL 33776**Title:** D () Delete
Name: LEIBOVITCH, MARK
Address: 20154 OCEAN KEY DR
City-St-Zip: BOCA RATON, FL 33498 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
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Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CATHERINE F. ROWLANDS

TREA

05/23/2008

Electronic Signature of Signing Officer or Director

Date