2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 AM
Secretary of State

DOCUMENT# N97000002889

Entity Name: THE COALITION TO PROTECT AMERICA'S ELDERS, INC.

Current Principal Place of Business:

8094 BUCK LAKE RD
TALLAHASSEE, FL 32311 US

New Principal Place of Business:

Current Mailing Address:

ONE N DALE MABRY
HIGHWAY ST 601
TAMPA, FL 33609 US

New Mailing Address:

FEI Number: 59-3482085 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCHUGH, TIMOTHY C
ONE N DALE MABRY HWY
STE 601
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	COB	( ) Delete
Name:	WILKES, JIM	
Address:	1 N DALE MABRY, STE 601	
City-St-Zip:	TAMPA, FL 33609	
Title:	D	( ) Delete
Name:	MCHUGH, TIM	
Address:	1 N DALE MABRY, STE 601	
City-St-Zip:	TAMPA, FL 33609	
Title:	D	( ) Delete
Name:	ELIOPOUS, CHARLOTTE	
Address:	11104 GLEN ARM ROAD	
City-St-Zip:	GLEN ARM, MD 21057	
Title:	D	( ) Delete
Name:	WILLIAMS, LEONARD MD	
Address:	916 79TH STREET SOUTH	
City-St-Zip:	ST PETERSBURG, FL 337072713	
Title:	D	( ) Delete
Name:	SMITH, MICHAEL MD	
Address:	1181 SOLANO AVE	
City-St-Zip:	ALBANY, CA 94704	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TIMOTHY C MCHUGH D 04/30/2002

Electronic Signature of Signing Officer or Director — Date