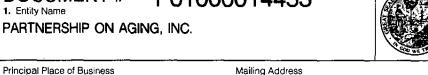
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000014453

1. Entity Name

PARTNERSHIP ON AGING, INC.



05-02-2003 90377 032 ***150.00

FILED
May 02, 2003 8:00 am g
Secretary of State

1725 MANATEE AVENUE WEST BRADENTON FL 34205		1725 MANATEE AVENUE WEST BRADENTON FL 34205										
2. Principal Place of Business			3. Mailing Address							AN 910H BH	N Diver (NY 1884)	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				-	☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State					4. FEI Number Applied For Not Applicable				
Zip	Country		Zip		Country			Certificate of Status Desired		\$8.75 A	dditional	
6. Name and Address of Current Regis				sistered Agent			7. Name and Address of New Registered Agent					
		Name			C	~						
PETERSEN	. GARY B		Chroat Adda			d (DO 5	In (RO. Box Murshas in Not Apportable)					
1725 MANATEE AVENUE WEST			Street Address (aress (P.O. E	Box Number is Not Acceptable)					
BRADENTON FL 34205											· · · · · · · · · · · · · · · · · · ·	
DIVIDENT)					City		,	FL	Zip Co	de	
8. The above	named entity	submits this statement for	the purp	oose of changing its	register	ed office or re	egistered ac	gent, or both, in the State of Florida		amiliar with	n, and accept	
	ons of registe			3.3	•		- 0	,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, p .	
SIGNATURE _	Signature, typed	or printed name of registered agent a	nd title if app	olicable. (NOTE	Registere	d Agent signature	required when r	reinstating)	DATE			
, EI	I E NOW!!	FEE IS \$150.00					······				·-·	
# FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00								9. Election Campaign Finance			00 May Be	
Make Check Payable to Florida Department of				State				Trust Fund Contribution.		Adde	ed to Fees	
10.		OFFICERS AND I	DIRECTO	J PRS	11.		A	DDITIONS/CHANGES TO OFFICE	RS AND	DIRECTO	RS IN 11	
	PSD			☐ Delete	TITL					Change		
3	PETERSEN	I. GARY B			NAM	E		·				
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		N FL 34205			CITY	-ST-ZIP						
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12. Thereby certify that the information supplied with this filing does not qualify 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 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 607, 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: