

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000049228

FILED  
Jan 05, 2010  
Secretary of State

**Entity Name:** CK & A GERIATRIC CARE MANAGEMENT, INC.

**Current Principal Place of Business:**

2450 NE MIAMI GARDENS DRIVE  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

2450 NE MIAMI GARDENS DRIVE  
AVENTURA, FL 33180

**New Mailing Address:**

FEI Number: 42-1536269

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COHEN, STEPHEN B  
2450 NE MIAMI GARDENS DRIVE  
AVENTURA, FL 33180 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: COHEN, SHARON F  
Address: 2450 NE MIAMI GARDENS DRIVE  
City-St-Zip: AVENTURA, FL 33180

Title: VPD  
Name: KUHN, JACK W JR.  
Address: 2450 NE MIAMI GARDENS DRIVE  
City-St-Zip: AVENTURA, FL 33180

Title: STD  
Name: COHEN, STEPHEN B  
Address: 2450 NE MIAMI GARDENS DRIVE  
City-St-Zip: AVENTURA, FL 33180

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEPHEN B COHEN

PD

01/05/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date