

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000110091

FILED
Apr 30, 2008
Secretary of State

Entity Name: TRI -COUNTY GERIATRIC SERVICES INC

Current Principal Place of Business:

10301 ARBOR RIDGE TRAIL
ORLANDO, FL 32817 US

New Principal Place of Business:

Current Mailing Address:

7927 WINTER SONG DRIVE
ORLANDO, FL 32825 US

New Mailing Address:

FEI Number: 20-3275218

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BORT, ALAN
7927 WINTER SONG DRIVE
ORLANDO, FL 32825 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: P () Delete
Name: BORT, ALAN
Address: 10301 ARBOR RIDGE TRAIL
City-St-Zip: ORLANDO, FL 32817 US

Title: VP () Delete
Name: SUAREZ, WILLY K
Address: 7561 DOCKSIDE STREET
City-St-Zip: WINTER PARK, FL 32792 US

Title: SEC () Delete
Name: CALDERON, NANCY
Address: 3258 NATOMA WAY
City-St-Zip: ORLANDO, FL 32825 US

Title: VP () Delete
Name: BORT, EDITH
Address: 10301 ARBOR RIDGE TRAIL
City-St-Zip: ORLANDO, FL 32817 US

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:

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

SIGNATURE: ALAN BORT

P

04/30/2008

Electronic Signature of Signing Officer or Director

Date