

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000110091

FILED  
Apr 29, 2011  
Secretary of State

**Entity Name:** TRI -COUNTY GERIATRIC SERVICES INC

**Current Principal Place of Business:**

3258 NATOMA WAY  
ORLANDO, FL 32825 US

**New Principal Place of Business:**

**Current Mailing Address:**

3258 NATOMA WAY  
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  
3258 NATOMA WAY  
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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BORT, ALAN  
Address: 3258 NATOMA WAY  
City-St-Zip: ORLANDO, FL 32825 US

Title: VP  
Name: BORT, EDITH  
Address: 3258 NATOMA WAY  
City-St-Zip: ORLANDO, FL 32825 US

Title: SEC  
Name: CALDERON, NANCY  
Address: 8525 AVONSHIRE ROAD  
City-St-Zip: ORLANDO, FL 32817 US

Title: D  
Name: SUAREZ, WILLY K  
Address: 4513 TEATREE COURT  
City-St-Zip: WINTER PARK, FL 32792 US

Title: D  
Name: KNEWASSER, DAVID H III  
Address: 8612 BAYSHIRE ROAD  
City-St-Zip: ORLANDO, FL 32817

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:** ALAN BORT

P

04/29/2011

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

\_\_\_\_\_  
Date