FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

AMENDED AND FILED

95 APR 19 PM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000066209 (5)

1. Corporation Name
GERIATRIC AFFILIATES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
102 205 PARK PLACE BLVD. SUITE 105 A-3 KISSIMMEE FL 34741	102 205 PARK PLACE BLVD. SUITE 105 A-3 KISSIMMEE FL 34741

3. Date Incorporated or Qualified: 09/06/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 102 Park Place Blvd.	26
22 Suite A-3	27
23 Kissimmee, FL	28
24 34741-2356	29
25 USA	30

4. FEI Number: 59-3266078 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
100 AUSTIN, WILLIAM W PSY.D 205 PARK PLACE BLVD. SUITE 105 A-4 KISSIMMEE FL 34741	81 Name: WILLIAM W. AUSTIN, PSY.D. 82 Street Address (P.O. Box Number Is Not Acceptable): 102 PARK PLACE BLVD 83 SUITE A-3 84 City: KISSIMMEE FL 85 Zip Code: 34741

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: WILLIAM W. AUSTIN — 4/12/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST	1.1 TITLE	☐ Change ☐ Addition
NAME	AUSTIN, WILLIAM W PSY.D	1.2 NAME	
STREET ADDRESS	8904 ROYAL BIRKDALE LN.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	SEDDIC, MOUSTAFA M.D.	2.2 NAME	
STREET ADDRESS	4439 PINE BARK AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: WILLIAM W. AUSTIN, PSY.D. — 4/12/95 — 407-870-2101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

WILLIAM W. AUSTIN, PSY.D.

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