

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000066209 (5)**

1. Corporation Name

GERIATRIC AFFILIATES, INC.



Principal Place of Business

**102 PARK PLACE BLVD.
STE A-3
KISSIMMEE FL 34741-2358
US**

Mailing Address

**205 PARK PLACE BLVD.
SUITE 105
KISSIMMEE FL 34741**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**AUSTIN, WILLIAM W PSY.D
102 PARK PLACE BLVD.
STE A-3
KISSIMMEE FL 34741**

3. Date Incorporated or Qualified

09/06/1994

3a. Date of Last Report

04/19/1995

4. FEI Number

59-3266078

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0532 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

Signature, typed or printed name of registered agent and time of application

Signature, typed or printed name of registered agent and time of application

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPST** ☐ DELETE
NAME **AUSTIN, WILLIAM W PSY.D**
STREET ADDRESS **8904 ROYAL BIRKDALE LN.**
CITY - ST - ZIP **ORLANDO FL 32819**

TITLE **DV** ☐ DELETE
NAME **SEDDIC, MOUSTAFA M.D.**
STREET ADDRESS **4439 PINE BARK AVE.**
CITY - ST - ZIP **ORLANDO FL 32819**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

☐ Change ☐ Addition

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY - ST - ZIP

☐ Change ☐ Addition

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY - ST - ZIP

☐ Change ☐ Addition

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY - ST - ZIP

☐ Change ☐ Addition

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY - ST - ZIP

☐ Change ☐ Addition

21. TITLE

22. NAME

23. STREET ADDRESS

24. 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)(a), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM W. AUSTIN

4/9/96

(407)870-2101

(Date)

Daytime Phone #

CR2E034 (12/95)