08251999-90007-030-$150.00-$150.00

* AMOUNT DUE ON OR BEFORE 09/19/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 SEP -2 AM 8:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000087697**

1. Corporation Name

THE CENTER FOR GERIATRICS, P.A.

Principal Place of Business	Mailing Address
7421 N. UNIVERSITY DRIVE. SUITE 105 TAMARAC FL 33321	7421 N. UNIVERSITY DRIVE. SUITE 105 TAMARAC FL 33321

8/25/99 90007 030 $150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/13/1995	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0104538	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
		8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☑ No	

9. Name and Address of Current Registered Agent

MORRIS, STUART R P.A.
2000 GLADES ROAD, SUITE 412
BOCA RATON FL 33431

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 607.0602 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HERRERA, CHARLES DR. 7421 N. UNIVERSITY DRIVE, SUITE 105 TAMARAC FL 33321 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (5/99)

14. I hereby certify that the information supplied with this filing 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: _____ _____ _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

KE

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THE CENTER FOR GERIATRICS, P.A.
7421 NORTH UNIVERSITY DRIVE, SUITE 105
TAMARAC, FLORIDA 33321
PHONE: (954) 720-8036
FAX: (954) 720-4358

August 30, 1999

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

RE: Corporate Report
Reference Number: P95000087697

Dear Sirs,

We are in receipt of your letter dated August 26, 1999 regarding the above stated corporate report. Please be advised that our office did NOT receive an original report to file with the state. The report that was filed is the only one ever received by our office.

Due to the above circumstance, we are requesting that the late filing fee be waived. Your consideration to this request is greatly appreciated.

Should you have any questions regarding this request, please feel free to contact me at (954) 720-8036.

Sincerely,

Shari J. Sternberg
Practice Administrator

Encl.