

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90179 034 ***150.00

DOCUMENT # P96000038100

1. Corporation Name
SOUTH FLORIDA GERIATRICS, INC.

Principal Place of Business

17330 NW 7 AVE
501
MIAMI FL 33169
US

Mailing Address

17330 NW 7 AVE
501
MIAMI FL 33169
US

2. Principal Place of Business

21 16800 NW 2nd Ave

2a. Mailing Address

26 16800 NW 2nd Ave

Suite, Apt. #, etc.

22 # 204

Suite, Apt. #, etc.

27 # 204

City & State

23 N. Miami FL

City & State

28 N. Miami FL

Zip

24 33169

Country

25 U.S.A.

Zip

29 33169

Country

30 USA

9. Name and Address of Current Registered Agent

YVONNE G. GRASSIE, P.A.
2597 TRAPP AVE
COCONUT GROVE FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/29/1996

4. FEI Number

65-0671768

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 owes the current year intangible
Personal Property Tax.

☐

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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable.

(NOT E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME ENGLISH, SCOTT M.D.
STREET ADDRESS 17330 NW 7TH AVENUE #404
CITY-ST-ZIP MIAMI FL 33169

TITLE D ☐ DELETE

NAME PIANKO, LEONARD M.D.
STREET ADDRESS 2797 NE 207TH STREET #201
CITY-ST-ZIP NORTH MIAMI BEACH FL 33180

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

1.1 TITLE D / Vice-President / Secretary ☒ Change ☐ Addition

1.2 NAME English, Scott M.D.
1.3 STREET ADDRESS 16800 NW 2nd Ave #204
1.4 CITY-ST-ZIP N. Miami FL 33169

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott R. English, MD 4/23/99

Date

Daytime Phone #

(305) 551-5825

CR2E034 (11/98)