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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000095457 (3)
 1. Corporation Name
INSTITUTE FOR TREATMENT OF DISORDERS OF AGING, P.A.



Principal Place of Business
1401 CENTERVILLE ROAD SUITE 506 TALLAHASSEE FL 32308

Mailing Address
1401 CENTERVILLE ROAD SUITE 506 TALLAHASSEE FL 32308-4640

3. Date Incorporated or Qualified **11/21/1996** 3a. Date of Last Report

4. FEI Number 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

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Country

26. Mailing Address

27. Suite, Apt. #, etc.

28. City & State

29. Zip

30. Country

9. Name and Address of Current Registered Agent
PIERCE, ROBERT A
227 SOUTH CALHOUN STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

85. Zip Code **FL**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **PD MATLAND, CHARLES G M.D.**

STREET ADDRESS **1401 CENTERVILLE ROAD, SUITE 506**

CITY - ST - ZIP **TALLAHASSEE FL 32308**

TITLE DELETE

NAME **VPTD FLOREK, GERY K M.D.**

STREET ADDRESS **1401 CENTERVILLE ROAD, SUITE 506**

CITY - ST - ZIP **TALLAHASSEE FL 32308**

TITLE DELETE

NAME **VPSD MARTIN, J. TRUE M.D.**

STREET ADDRESS **1401 CENTERVILLE ROAD, SUITE 300**

CITY - ST - ZIP **TALLAHASSEE FL 32308**

TITLE DELETE

NAME **VPSD AYALA, RICARDO M.D.**

STREET ADDRESS **1401 CENTERVILLE ROAD, SUITE 300**

CITY - ST - ZIP **TALLAHASSEE FL 32308**

TITLE DELETE

NAME **VPTD ORTIZ, WINSTON R M.D.**

STREET ADDRESS **1401 CENTERVILLE ROAD, SUITE 300**

CITY - ST - ZIP **TALLAHASSEE FL 32308**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME **000002168830--4**

1.3 STREET ADDRESS **-05/07/97--01004--011**

1.4 CITY - ST - ZIP *****165.00 ***165.00**

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 do 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: _____ DATE **4/28/97** DAYTIME PHONE **904-878-1362**

CR2E034 (9/96)