

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Oct 05 1998 8:00am
 Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1998



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.



DO NOT WRITE IN THIS SPACE

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

Mailing Address
 1401 CENTERVILLE ROAD
 SUITE 506
 TALLAHASSEE FL 32308

3. Date Incorporated or Qualified
 11/21/1996

4. FEI Number
 59-3534128 Applied For
 Not Applicable

5. Certificate or Status Desired \$8.75 Additional Fee Required

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MAITLAND, CHARLES G M.D.	
STREET ADDRESS	1401 CENTERVILLE ROAD, SUITE 506	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	VPTD	<input type="checkbox"/> DELETE
NAME	FLOREK, GERY K M.D.	
STREET ADDRESS	1401 CENTERVILLE ROAD, SUITE 506	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	VPSD	<input type="checkbox"/> DELETE
NAME	MARTIN, J. TRUE M.D.	
STREET ADDRESS	1401 CENTERVILLE ROAD, SUITE 300	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	VPSD	<input type="checkbox"/> DELETE
NAME	AYALA, RICARDO M.D.	
STREET ADDRESS	1401 CENTERVILLE ROAD, SUITE 300	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	VPTD	<input type="checkbox"/> DELETE
NAME	ORTIZ, WINSTON R M.D.	
STREET ADDRESS	1401 CENTERVILLE ROAD, SUITE 300	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	900002656449
5.4 CITY-ST-ZIP	-10/06/98--01020--025
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	***550.00
6.4 CITY-ST-ZIP	

14. I hereby certify that the information submitted 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: *Charles G Maitland, M.D.* 9/29/98

CR2E034 (5/98)