

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).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

FILED  
Oct 05 1998 8:00am  
Secretary of State

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**

DO NOT WRITE IN THIS SPACE

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

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**PIERCE, ROBERT A  
227 SOUTH CALHOUN STREET  
TALLAHASSEE FL 32301**

81 Name

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

83

84 City

**FL**

85 Zip Code

10. Name and Address of New Registered Agent

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **MAITLAND, CHARLES G M.D.**  
STREET ADDRESS **1401 CENTERVILLE ROAD, SUITE 506**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **VPTD** ☐ DELETE  
NAME **FLOREK, GERY K M.D.**  
STREET ADDRESS **1401 CENTERVILLE ROAD, SUITE 506**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **VPSD** ☐ DELETE  
NAME **MARTIN, J. TRUE M.D.**  
STREET ADDRESS **1401 CENTERVILLE ROAD, SUITE 300**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **VPSD** ☐ DELETE  
NAME **AYALA, RICARDO M.D.**  
STREET ADDRESS **1401 CENTERVILLE ROAD, SUITE 300**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **VPTD** ☐ DELETE  
NAME **ORTIZ, WINSTON R M.D.**  
STREET ADDRESS **1401 CENTERVILLE ROAD, SUITE 300**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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.

SIGNATURE:

*Charles G Maitland, M.D.* 9/29/98

CR2E034 (5/98)