

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
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 11/21/1996	4. FEI Number 59-3534128	Applied For <input type="checkbox"/> Not Applicable
5. Certificate or Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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
 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 _____ (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 ***550.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)