

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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90017 019 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000095457

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	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 11/21/1996	
4. FEI Number 59-3534128	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of 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 the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" 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		<input type="checkbox"/> DELETE
TITLE	PD	
NAME	MAITLAND, CHARLES G M.D.	
STREET ADDRESS	1401 CENTERVILLE ROAD, SUITE 506	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	VPTD	
NAME	FLOREK, GERY K M.D.	
STREET ADDRESS	1401 CENTERVILLE ROAD, SUITE 506	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	VPSD	
NAME	MARTIN, J. TRUE M.D.	
STREET ADDRESS	1401 CENTERVILLE ROAD, SUITE 300	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	VPSD	
NAME	AYALA, RICARDO M.D.	
STREET ADDRESS	1401 CENTERVILLE ROAD, SUITE 300	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	VPTD	
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		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
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: Katherine Harris 4/14/99 878-9892
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR27EN34 (11/98)