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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

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 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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

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 ☐ DELETE

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

TITLE VPTD ☐ DELETE

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

TITLE VPSD ☐ DELETE

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

TITLE VPSD ☐ DELETE

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

TITLE VPTD ☐ DELETE

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 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:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/99 878-9892

CR2EN34 (11/98)