

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90019 001 ****30.00
 05-12-2000 90019 002 ***120.00

DOCUMENT # P96000095457

1. Entity Name

INSTITUTE FOR TREATMENT OF DISORDERS OF AGING, P

Principal Place of Business

Mailing Address

1401 CENTERVILLE ROAD
 SUITE 506
 TALLAHASSEE FL 32308

1401 CENTERVILLE ROAD
 SUITE 506
 TALLAHASSEE FL 32308-4640

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3534128

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PIERCE, ROBERT A
227 SOUTH CALHOUN STREET
TALLAHASSEE FL 32301

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR05024 10/00