

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000095457

1. Entity Name

INSTITUTE FOR TREATMENT OF DISORDERS OF AGING, P

Principal Place of Business

1401 CENTERVILLE ROAD
SUITE 506
TALLAHASSEE FL 32308

Mailing Address

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

Zip

Country

Zip

Country

4. FEI Number 59-3534128

Applied For

Not Applicable

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 #

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

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

05-12-2000 90019 002 ***120.00



DO NOT WRITE IN THIS SPACE

CR02EN24 10/000