

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000097907

FILED
Apr 27, 2004
Secretary of State

Entity Name: GERIATRIC CARE MANAGEMENT, INC.

Current Principal Place of Business:

2670 NE 215TH ST
AVENTURA, FL 33180

New Principal Place of Business:

2450 NE MIAMI GARDENS DRIVE
AVENTURA, FL 33180

Current Mailing Address:

2670 NE 215TH ST
AVENTURA, FL 33180

New Mailing Address:

2450 NE MIAMI GARDENS DRIVE
AVENTURA, FL 33180

FEI Number: 65-0711380

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, SHARON F
2670 NE 215 STREET
AVENTURA, FL 33180

Name and Address of New Registered Agent:

COHEN, SHARON F
2450 NE MIAMI GARDENS DRIVE
AVENTURA, FL 33180

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:

04/27/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: COHEN, SHARON F
Address: 2670 NE 215 STREET
City-St-Zip: AVENTURA, FL 33180

Title: VP () Delete
Name: COHEN, STEPHEN B
Address: 2670 NE 215 STREET
City-St-Zip: AVENTURA, FL 33180

Title: V () Delete
Name: KUHN, JACK W
Address: 2670 NE 215 STREET
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: COHEN, SHARON F
Address: 2450 NE MIAMI GARDENS DRIVE
City-St-Zip: AVENTURA, FL 33180

Title: VP (X) Change () Addition
Name: COHEN, STEPHEN B
Address: 2450 NE MIAMI GARDENS DRIVE
City-St-Zip: AVENTURA, FL 33180

Title: V (X) Change () Addition
Name: KUHN, JACK W
Address: 2450 NE MIAMI GARDENS DRIVE
City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN B. COHEN

VP

04/27/2004

Electronic Signature of Signing Officer or Director

Date